

CHALLENGES OF IMPLEMENTING HIV AND AIDS EDUCATION IN SECONDARY SCHOOLS

A Case of Mkuranga District in Tanzania

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DEDICATION

to the memory of my grandfather Michael Omari Sige who inspired
me to have a mind of my own.

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BEST	Basic Education Statistics
CBO	Community Based Organisation
CIDA	Canadian International Development Agency
DAC	District AIDS Coordinator
DAS	District Administrative Secretary
DoE	Department of Education
DoH	Department of Health
EFA	Education for All
EMIS	Education Management Information System
ESDP	Education Sector Development Programme
ESPP	Education Sector Strategic Plan
ETP	Education Training Policy
FBO	Faith Based Organisation
GDP	Gross Domestic Product
GNP	Gross National Product
HBM	Health Belief Model
HIV	Human Immunodeficiency Virus
HRBs	Health Related Behaviours
IDUs	Injection Drug Users
IEC	Information, Education and Communication
IRA	Institute of Resource Assessment
MDC	Mkuranga District Council
MDGs	Millennium Development Goals
MoE	Ministry of Education
MoEC	Ministry of Education and Culture
MoES	Ministry of Education and Sport
MoEVT	Ministry of Education and Vocational Training
MoH	Ministry of Health
NABA	National Advisory Board on AIDS
NACP	National AIDS Control Programme
NBS	National Bureau of Statistics
NGOs	Non-Governmental Organisation
RAC	Regional AIDS Coordinator
RAS	Regional Administrative Secretary
SEDP	Secondary Education Development Plan
SHEP	School Health Education Project

SIDA	Swedish International Development Agency
SSA	Sub-Saharan Africa
STIs	Sexually Transmitted Infections
TACAIDS	Tanzania Commission for HIV/AIDS
TMAP	Tanzania Multi-sectoral AIDS Programme
TTCs	Teacher Training Colleges
TTI	Triadic Theory of Influence
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
URT	United Republic of Tanzania
WHO	World Health Organisation
ZAC	Zanzibar AIDS Commission

ABSTRACT

Objective: The main objective of this study was to determine challenges teachers face in delivering HIV and AIDS education in secondary schools. Both rural and urban schools were sampled to gain understanding of the possible differences in respondent views depending on their geographical location.

Methods: Data collection methods included key informant interviews, observations, focus group discussions and review of documents. Key informants included teachers, students, parents, educational officers and tutors from the Ministry of Education. Documents reviewed were brochures, documents from the ministry, TACAIDS documents, Femina newspapers and movies.

Results: This study concludes that there are challenges teachers face in delivering education about sex and AIDS. These challenges include economic issues such as lack of school infrastructure. As a result teachers find difficulties to live there, and in addition they lack materials aimed to facilitate HIV and AIDS teaching and learning, such as television, electricity and a library.

Conclusions: Despite the directives, circulars and guidelines on how to teach HIV and AIDS education, the provision of this education is challenged by many issues such as policy, HIV and AIDS delivery content, cultural and economic challenges. The study recommends that teachers living conditions need to be improved in order to strengthen the delivery of HIV and AIDS Education in schools.

Key words: *Youth, HIV/AIDS, Tanzania, Education*

CHAPTER I: Introduction

1.1 Introduction

Tanganyika got her independence from British colonial rule on the 9th December 1961. Zanzibar, which comprises the islands of Unguja and Pemba, became independent on the 12th of January, 1964 from sultanate rule. On 26th of April, 1964 Tanganyika and Zanzibar joined to form the United Republic of Tanzania. Tanzania is the largest country in East Africa, covering 945 200 square kilometres, with a population of 34.4 million. The country is among the sub-Saharan countries which lie south of the equator. It shares borders with eight countries: Kenya and Uganda to the north; Rwanda, Burundi, and Democratic Republic of Congo, Zambia in the west and Malawi and Mozambique to the south. On the western border, there is Lake Tanganyika, Lake Rukwa and Lake Nyasa, all situated in the Great Rift Valley. On the eastern border is the Indian Ocean while in the northern part, Lakes Natron, Lake Manyara, Lake Eyasi and Lake Victoria are found. Although there are many rivers, Rufiji and Kagera rivers are the famous ones. In the north, Mount Kilimanjaro rises to 5,895 metres, the highest point in Africa.

Human Immunodeficiency Virus (HIV) is a virus, which is too small to see through naked eyes (Lamprey, Johnson & Khan, 2006). The virus passes between people through fresh blood and body fluids. When a person has this virus, he or she is HIV positive. When a person is infected with HIV, the virus attacks his/her immune system. During the HIV positive phase, the infected person shows some flu like symptoms in the days and weeks after infection, then appears to have a good health. However, the immune system of an HIV positive person becomes progressively weaker and is frequently attacked by other diseases such as tuberculosis, diarrhoea, viral, bacteria and fungal diseases. HIV is the virus that causes Acquired Immune Deficiency Syndrome (AIDS) disease (Lamprey, Johnson, & Khan, 2006). A person can be infected with HIV for a long time before developing AIDS. The transition period to AIDS varies from one person to another and it depends on the immunity of the body.

In Tanzania, the first three AIDS cases were clinically diagnosed and reported in 1983 in Kagera region. Since then, it has been followed by a rapid spread in such a way that by 1986 all regions of Tanzania had reported AIDS cases in both urban and rural areas (TACAIDS, NBS, & ORCMacro, 2005). In 2003, Tanzania was estimated to have about 1,820,000

people living with HIV, where 176,102 AIDS cases have been reported (NACP, 2004).

AIDS is spread from one person to another mainly through two ways: sexual intercourse and blood-to-blood contact. Literature indicates that heterosexual contact accounts for about 90 percent of the HIV transmission in Tanzania, and the infection level is most active in the population aged 15-49 years (TACAIDS, 2003). In the world youth are vulnerable because among the 40 million people living with HIV and AIDS, more than a half of all new infections occur between the ages of 15 and 24 years (Lamptey, Johnson, & Khan, 2006). In short, the prevalence of HIV infection is high among youth. This is because youth in this age group are in their reproductive years (Lugoe, 1996). This is to say that, at this age youth are in transition period between childhood and adulthood.

People of the 15-49 years age group are the working force and social economic supportive network of families and communities. The increase of AIDS is associated with absenteeism from work, low life expectancy, an increased dependency ratio, and reduced growth in the domestic product (GDP); reduced productivity, increasing poverty, rising infant and child mortality and a growing number of orphans (TACAIDS, NBS, & ORCMacro, 2005). This disease erodes the prospects for social, political, demographic and economic development in and among the affected populations.

Currently, the disease affects not only Tanzania, but is also a leading cause of death in sub-Saharan Africa and the world at large. In countries with the highest rates of infection, especially in low and middle income countries like Africa, HIV and AIDS does not only pose a major health crisis but also is leaving little hope for survival in terms of livelihood and resources (MoEC, 2004b). HIV and AIDS is a severe threat to survival and development of the nation given that since the first cases reported in Tanzania in 1983, over 2.5 million people have been infected with HIV and thousands have died of AIDS. The spread of this deadly disease is at alarming situation, because it is reported that in every 100 pregnant women 20 of them are claimed to be HIV positive and among 200 newly born children 45 of them are born infected with the disease (TACAIDS, 2003)

1.2 Reasons for High HIV and AIDS Prevalence in sub- Saharan Africa

The HIV and AIDS pandemic is believed to progress more slowly in industrialized countries than less developed countries, largely because residents in industrialized countries have greater access to antiretroviral (ARV) drug, high quality of health care and the discussion of

the disease is done on public (Lampthey, Wigley, Carr, & Collymore, 2002). However the disease continues to ravage families and communities in the world. It is estimated that, 25 million people died of AIDS by the end of 2005, and 40 million people were newly infected with HIV. In 2005, 95 percent of the infected are found in developing countries whilst 77 percent live in Sub-Saharan Africa (SSA). Currently the SSA which include Tanzania are most severely affected regions in the world and remains the epicentre of the disease (Lampthey, Johnson, & Khan, 2006). Lampthey (2002) reported that countries like Lesotho, Botswana, South Africa, Swaziland and Zimbabwe have highest prevalence rate of HIV infection in the world. The epidemic has an impact on every aspect of life in Southern Africa, because all sectors such as education, agriculture, health and other economic sector have been affected with the epidemic.

Vandemoortele and Delamonica (2000) point out the reasons which make the virus to be so prevalent in developing countries; these are silence, shame, stigma and superstition, all reasons which thrive on ignorance and illiteracy. On the side of the stigma and discrimination, many peoples with HIV and AIDS lost their jobs and have been denied medical care, housing insurances and opportunity to travel because of their HIV status (Vandemoortele & Delamonico, 2000)

In the study carried out in Zambia the most marginalized people such as sex workers, poor women, Injection Drug Users (IDUs) are more vulnerable to HIV infection. HIV-positive teacher and children are exiled from their family and community. Bond et al. (2002) reported that HIV-positive teachers and school children suffer from self-stigma and tend to withdrawing themselves from the public eye (Bond, Chase, & Aggleton, 2002). On the side schools children whose parents died from HIV and AIDS are reluctant to go to schools because their fellow students tend to gossip, taunts, exile and reject them by saying that your parents died because they were prostitutes. In Tanzania, such situations are likely to happen because students have a tendency of using joking words such as *ngoma or miwaya (drum or wires which imply HIV/AIDS)* to their fellow students whose parents die with HIV and AIDS. Ironically stigma and discrimination favoured the spread of the pandemic. The HIV-positive people remain silence, because they are denied while seeking appropriate medical care and psychosocial support (Lampthey, Wigley, Carr, & Collymore, 2002). Shame is also a barrier in curbing the pandemic because parents, family and community hesitate to discuss and even to mention sex organs in public because they consider and regard it as taboos. Furthermore, custom superstition is a barrier because people have different views and

misconception ideas on the course and the source of HIV and AIDS where some seek treatment from hospitals while other believes the disease originated from ghosts. For example, in my study area, the community relate the disease with *mashetani* or call it *kinyamkera* meaning ghosts. This resulted to the spread of the disease because when the situation happens to most people first seek assistance from traditional healers instead of hospitals. One study conducted in Tanzania reported that in many parts of the country, AIDS has been thought to be caused by *kurogwa* meaning bewitchment and breaching of cultural taboos (Leshabari, Mbwambo, & Kaaya, 2005). While other people thought that the disease was caused by imported clothes and failure of America to control its biological warfare experiments.

Lamprey et al. (2006) reported that globally, the AIDS pandemic shows no sign of slowing though few countries such as Uganda, Thailand and Brazil have succeed to reduce the rate of infection. Since 1987 the HIV vaccine candidates have undergo clinical trials and researchers continue to develop strategies for improving defences against the virus. Despite this effort HIV continues to spread, education remains the backbone of the programs to curb the epidemic for the foreseeable features. The study by Lamprey et al. (2006) argues that in order to control the spread of the epidemic there is a need of comprehensive programmes which encompass prevention, care, treatment, and support interventions.

At the moment, there is no cure and vaccine for HIV and AIDS. Therefore, the effort to reduce the spread and the impact of HIV and AIDS should be focused on educating people and increasing awareness about disease. Despite the effort undertaken in addressing HIV and AIDS worldwide for instance, with adoption of the Millennium Development Goals (MDGs) as guideline to combat this pandemic disease, the number on newly infected children, youth and teachers has been increased tremendously (TACAIDS, 2003). Internationally, there is a general consensus that in order to save youth, a comprehensive strategy and effort include making interventions in education (UNAIDS, 2004).

1.3 Statement of the Research Problem

In 2000, the Ministry of Education and Culture in Tanzania issued a circular number three (3) which gives directives on teaching and learning of HIV and AIDS (MoEC, 2004a). All secondary schools have to adopt the teaching of HIV and AIDS Education in their classroom sessions when studying specific topics on biology and civics subjects. However, the

provision of HIV and AIDS education in secondary schools curriculum is taking place in slow pace and the provision is minimal (Mosi, 2004). This is because the implementation of HIV and AIDS education is faced with many challenges. These challenges need to be evaluated in order to find out whether HIV and AIDS in the secondary school curriculum meet its objectives or not. There is also a need to find out how the stakeholders perceive the HIV and AIDS curriculum, as their outlook plays a significant role in if and how the education initiative is implemented (Torres, 2001). This study aims to explore the challenges facing the implementation of HIV and AIDS education in a secondary school in Tanzania. Specifically, I aim to assess the challenges teachers face in implementing the HIV and AIDS education in secondary schools.

The Research questions are:

1. *How do teachers perceive the challenges in implementing HIV and AIDS education in secondary schools in Tanzania?*
2. *How do these challenges hamper the efforts of delivering HIV and AIDS education?*

The study is guided by the following objectives:

1. *To identify the challenges of implementing HIV and AIDS education in Tanzanian secondary schools.*
2. *To identify HIV and AIDS education carrier subjects, allocated teaching hours, teaching methods and teaching aids, being used by teachers.*
3. *To reflect on how the challenges on implementing HIV and AIDS education in school curriculum may be met.*

1.4 Significance of the study

The UNAIDS executive director, Dr. Peter Piot, was quoted in World Bank (2002) arguing that, “HIV and AIDS is unequivocally the most devastating disease we have ever faced, and it will get worse before it gets better” (p. xxiii). In the case of sub-Saharan African countries, the epidemic is by far the deadliest. Among of the eight MDGs endorsed by 189 countries in 2000, combating HIV and AIDS, malaria and other diseases, are in the list. The major aim of this goal is to halt the spread of the epidemic by 2015. However, in order to reach the targeted objectives, a comprehensive health intervention in school curriculum is required, as is greater access to HIV prevention services, AIDS treatment, care and support.

In combating HIV and AIDS disease, education matters (Barnett, De-Koning, & Francis,

1995). Again the MDGs envisioned education for all (EFA) and universal primary education (UPE) as number two of the MDGs (World Bank, 2002). Countries are encouraged to accelerate their efforts toward achieving EFA goals because of the critical role it can play in preventing HIV and AIDS. The World Bank contends that in the struggle of HIV and AIDS prevention, education helps to equip children and youth to make health decisions concerning their own life, brings about long-term healthy behaviours and gives people the opportunity for economic independence and hope (WorldBank, 2002). The Tanzania Development Vision 2025 envisages the elimination of poverty by 2025 and accords high priority to education delivered under the Ministry of Education and Culture (MoEC, 2004c). The Ministry of Education and Culture outlines in the Education Sector Development Plan (ESDP) of 2001 their aim to control the spread of HIV and AIDS/STI through education systems at all levels of education. The ESDP outlines strategies to incorporate HIV and AIDS education in the secondary school curriculum (MoEC, 2001).

Thus, a study aiming at identifying the challenges being faced in delivering the envisioned HIV and AIDS education is of particular importance. This will inform planers and policy makers of the Ministry of Education and Culture in particular on how to implement HIV and AIDS education in schools while meeting challenges identified. Specifically, this study may be useful to a number of different stakeholders:

- The study may contribute to ongoing efforts aimed at addressing the challenges teachers face in addressing HIV and AIDS in secondary schools curriculum.
- The curriculum developers may use this study as a contribution to existing findings and knowledge in the process of formulating more comprehensive health programs regarding HIV and AIDS in school curriculum.
- Teachers may also use the findings of the study for counselling and guiding students, and their neighbourhood community on preventing themselves from HIV and AIDS.
- Students may use the findings of this study to assess themselves and minimize or change the HIV and AIDS risky behaviours and adopt and maintain the preventive ones, they may also use the knowledge they get from schools to educate out-of-school youth through peer education.

1.5 The Tanzanian Education System

During pre-colonial days Tanzania did not have formal schools rather it had informal education. Children learned by doing in short periods of time and the education meant for orienting children to their tribes. Informal education covers skills, values, attitudes and behaviour of the society from their home and on the farms (Nyerere, 1967). Under informal education, men and women had more or equal chances of being educated. However, they were trained in different fields: girls focused much on domestic and mother roles, while boys learned the social, economic and political functioning of the society. In this regard, the content of the curriculum was determined by the needs of the society.

Today, informal education is still practiced using “Kungwi”, “Somo” and “Nyakanga” traditional tutors. These are elderly people in the society and are the source of sex education to youth. The youth are supposed to respect the traditional tutors because they teach the values, norms and beliefs of the society. Learning is taking place through using songs, stories and riddles in house and in special ceremonies including during wedding and ritual days.

During the colonial period, the provision of education was based on formal type of education where classes and curriculum were set. The main purpose of colonial education was to inculcate the values of colonial society and train individuals for serving the colonial rulers in their administrative work such as local clerks and junior officials (Nyerere, 1967). Colonial education based on a stratified racial system, because schools were divided into schools for the white and Africans with separate curriculum. Most of the schools were under missionary authorities who discouraged sex education, an important education toward HIV and AIDS preventive measures.

After independence, Tanzania opted for a socialist model, which promotes education for self-reliance (Nyerere, 1967). The self-reliance education system put emphasis on practical aspects with the principal goal of reducing illiteracy rate and poverty. With current prevalence of HIV and AIDS, self-reliance would be redefined to address health education designed to equip youth with the skills necessary to avoid HIV infection. Recently, the secondary school education curriculum was reformed to put content of HIV and AIDS education in several curriculum subject (in Swahili called “masomo bebezi or chukuzi”) as cross cutting issues (MoEC, 2001).

1.6 Youth and Vulnerability to HIV and AIDS

Talking about youths in Tanzania is quite a difficulty and flexible task; this is because there is no common definition on the concept among the people. While other people view youth is the one who have reached puberty and aged range between 15-24 years according to the United Nations (UN, 2005). Youth is a period of life that somehow distinct from childhood and adulthood. In this study the term youths were used to refer to those whose age range between 15-24 years. In the same cases I will use the term adolescent to replace youth. In the Tanzania context the adolescent or youth is known as *kijana in Swahili*, although the use of this term has broader context and different meaning in different place within the country, in my study I refer to the students who are no longer children but also not of adults. Youths are more vulnerable to HIV and AIDS than adults because they tend to experiment sex, with risk behaviour and with little awareness of the dangers. In fact, risky behaviour often is a part of a larger pattern of adolescent behaviour. With the large number of youth practicing unprotected sex, STIs, HIV and AIDS infections appears to be a major problem.

Vulnerability of youth to HIV and AIDS is linked to early exposure to sexual intercourse, influenced by the interplay of a host of social cultural values, variations in moral up-bringing and a non supportive environment (Lwihula, Nyamryekunge, & Hamelman, 1996; Matasha, Ntembelea, Mayaud, Said, & Todd, 1998). Adolescent is a period of unpredictable behaviour, lacking of judgments that comes with experience, also they often cannot appreciate the adverse consequence of their actions (Masatu, Kvale, & Klepp, 2003; Muhondwa, 1999). The combination of biological, social cultural and environmental factors, make the youths to be more vulnerable to HIV infections. However it is important to provide the sex education particularly targeted to youths, because they are seen as a widow of opportunity and hope for an AIDS-free generation (Bundy, 2002; UNAIDS, 1997b).

The risk of HIV infection to youths, are increasing at a very high rate because the society had for long time acted with far less openness to the challenges posed by AIDS. In most African countries specifically in Tanzania anti AIDS campaigns and interventions face powerful obstacles. The obstacles include sexual taboos, religious inhibitions, as well as customs and attitude. Despite the Millennium Development Goal (MDG) focused on combating diseases such malaria and communicable disease recognition the importance for education and communication on the presentation of HIV and AIDS, the youths still have limited opportunity to learn about viruses and diseases.

1.7 Difficulties in Communicating with Youths

Teaching and learning of HIV and AIDS in schools has been confronted by challenges. According to WHO and UNESCO (1989) successful teaching and learning of any programme depend on the cultural acceptance of the society and how it is introduced. It might be logical to conclude that African culture is too rigid to accept the topic related to sex, HIV and AIDS education to be taught in schools. In African context talking about sex related matter is based on special people who are in most cases elders in a society. It also includes aunts for the girls and uncle for the boys. The study carried out by Boler et al. (2003, p. 16) contend the views that teachers are lamented on lack cooperation with parents as it was reported “a parent cannot talk freely with his/her child about HIV/AIDS, they are happy that we as a teachers, relieve them of this burden”. Sometimes parents come to schools to question the teacher, as to why the teacher teaches dirty things in class to students. Furthermore, recent studies reported that teachers may choose what to teach about HIV and AIDS in classroom depending on their cultural background (Bastien, 2005; Kajula, 2005; Rutakyamirwa, 2004; UNAIDS, 1997a). Also, there is ineffective implementation because of social, culture, religious, traditional, resistance from the communities lack of teachers training in sex education, and adequate learning materials (Bennell, Hyde, & Swainson, 2002; Coyle, Kirby, Marin, Gomez, & Gregorich, 2004; Johnston, Carey, Marsh, Levin, & Scott-Sheldon, 2003; Kaaya et al., 2002).

1.8 The Structure of Formal Education

Currently, the structure of formal education in Tanzania consists of 2 years for pre-primary education, 7 years for primary education, 4 years of ordinary secondary education, 2 for advanced secondary, 2 or 3 and 4 or 5 for tertiary and university level. In primary schools, the language of instruction is Kiswahili and in secondary schools and higher learning institution the medium of instruction is English. The growing demand for English as the medium of instruction in secondary schools and higher learning institutions, indicate that English is dominant language in the globalization process (Phillipson, 1999). A more detailed presentation of the Tanzanian secondary school education follows:

1.8.1 Secondary Education in Tanzania

Secondary education refers to post primary formal education offered to those who will have

successfully completed seven years of primary education and have to meet the required entry requirements. Secondary education is sub-divided in to ordinary level (form 1 to 4) and advanced level (form 5 to 6). There are private secondary schools operating together with government secondary schools. Private schools come up after the government decided to adopt liberalization and privatization policy as attempts to supplement efforts in providing education. In secondary schools there are mixed sex schools that admit both boys and girls and single sex that admit only boys or girls. The schools are boarding and day in nature. In boarding schools, students stay at the schools from the beginning to the end of the school term. Boarding schools provide accommodation, food, security care and guidance to student while at school. In the day schools, students leave their home in the morning during schools time, and return home at the end of the day. In this regard, day schooling children have opportunities to get HIV and AIDS education both at school and at home due to their strong interaction with the society, but boarding schooling children rely mostly on their teachers to get HIV and AIDS education.

The Basic Education Statistics in Tanzania (BEST) report that in 1995, the total number of secondary schools both private and government schools in Tanzania is estimated at 595, while the teacher pupil ratio is 1:19 for private schools and 1:15 in government schools. In 2005, the number of secondary schools has increased up to 1745, while the teacher pupil ratio for government secondary schools is 1:26 and 1:16 for private schools (MoEVT, 2006).

The Ministry of Education and Vocational Training (MoEVT), previously known as Ministry of Education and Culture (MoEC), is responsible for recruitment, retraining both in-service and pre-service teachers in government secondary schools. The secondary school teachers in Tanzania fall under two categories: diploma and graduate teachers. The diploma teachers are advanced level secondary school leavers who undergo two years in Teacher Training Collages (TTCs), graduate teachers are those who undergo either three or four years of bachelor degree courses after completing advanced level of secondary education (URT, 2005). The capacity and confidence level of those two kind of teachers in delivering HIV and AIDS education could differ, however it is beyond of this study to suggest who could be the best teacher for delivering HIV and AIDS education.

1.9 National Response on HIV and AIDS Education

The initial response to HIV and AIDS in Tanzania was the establishment of the National

AIDS Control Program (NACP) within the Ministry of Health in 1985. NACP is responsible for coordinating anti-AIDS activities in the country specifically in Tanzania mainland. In Zanzibar there is a National Board on AIDS (NABA) and Zanzibar AIDS Commission (ZAC) (Killewo, 1994). NABA and ZAC are involved in preparing short and medium term plans. Apart from NACP there are established various Non Government Organisation (NGOs) to combat the epidemic. The established NGOS are directly or indirectly involved in the HIV and AIDS campaign. In order to achieve the objectives of NACP, Information Education and Communication (IEC) unit was established specifically for providing education to the general public by raising awareness among the people. IEC effort was handicapped by lack of baseline information concerning epidemiological situation of sexually behaviour patterns and practice or characteristics of high risk groups (Killewo, 1994). It is added that there were deficiency of information among the vulnerable groups such as rural peoples, women and adolescents remaining relative ignorant about diseases. The majority in the rural areas are not aware of the use of condom and if the condom is available to them, they do not know how to use properly (TACAIDS, 2003). The Tanzanian Parliament in 2001 has enacted the law for establishment of Tanzania Commission of AIDS (TACAIDS). This commission lead to the establishment HIV and AIDS. National Policy was inaugurated in 2001 in Dodoma (TACAIDS, 2003). The overall goal of the policy was to mobilize and sensitize the community to be actively involved and responsible in the struggle against HIV and AIDS activities so as to reduce further transmission. The other thing which was insisted by the policy was to provide education to all groups of people including school children. The policy followed multi- sectoral approach in combating HIV and AIDS. Making sure that the youths are protected President of the United Republic of Tanzania insisted that:

... We must begin by preventing new infection, targeting on 85 percent of the sexually active population that are still free from HIV. The children's and youths must be protected against HIV infections. They must adequately be informed, counselled and empowered in their early of their lives on how to avoid the infections (URT, 2001, p. v).

It is through relevant and adequate information the youths can be assisted in knowing what to do by breaking the silence. This was also emphasized by the President with in a national policy starting that:

We must therefore break the silence on HIV and AIDS and eschew inhibiting taboos and promote open discussion in our families, village's communities, in our work place on how to protect others and ourselves (URT, 2001, p. v).

The social, cultural, economic and environment factors that are fuels in spreading the HIV infections and hinder the implementation of HIV and AIDS education, to break the silence people must be open on discussing it. However, the policy planned good things in relation to schools youths as well outside schools, but there are challenges in the multi-sectoral approach concept which include a wider participation of both public and the private sector such as NGOs FBOs, CBOs. Furthermore, working with a variety of partners create the problems of program overlapping, weak coordination, and multiple actors and a maze of interventions varying in size and quality in different areas (Kauzeni & Kihinga, 2004). It is also difficult to assess the strength and weakness for informed policy and practices or actions of the interventions.

1.9.1 The MoEC Response to HIV and AIDS

In 1993, the Tanzanian Ministry of Education and Culture decided to include HIV and AIDS in the school curriculum for primary and secondary education (MoEC, 2001). This was a response to the circular which was provided by the commissioner of education (MoEC, 2000) allowing the introduction of life skills, HIV and AIDS education in schools and colleges. The objective of the introduction of the HIV and AIDS in secondary schools is to create awareness among the students. Also to impart life skills to students, which would help them to control and prevent themselves from HIV and AIDS infection. Through life skills education students involve in discussing the matters pertaining HIV and AIDS education, such as sexual reproductive health, the nature and scope of HIV and STI, transmission of HIV and STDs, and how to prevent it.

The life skills based education help to empower learners, teachers and MoEC employee to cope with HIV and STI epidemic. This includes prevention, care and support, impact and mitigation taking into account gender and vulnerability issues. The Ministry of Education and Culture reviewed the provision of HIV and AIDS education in secondary schools and introduce circular number three in December 2000. The circular provides instructions on how to teach HIV and AIDS education in school curriculum. In May 2002, circular number eleven was introduced for guidance and counselling on HIV and AIDS (MoEC, 2005). 2005 MoEC also introduce a new syllabus of Biology which emphasized sprawl way of teaching HIV and AIDS content from form one up to form four (MoEC, 2005). The MoEC's HIV and AIDS implementation organogram is presented in Figure 1.1.

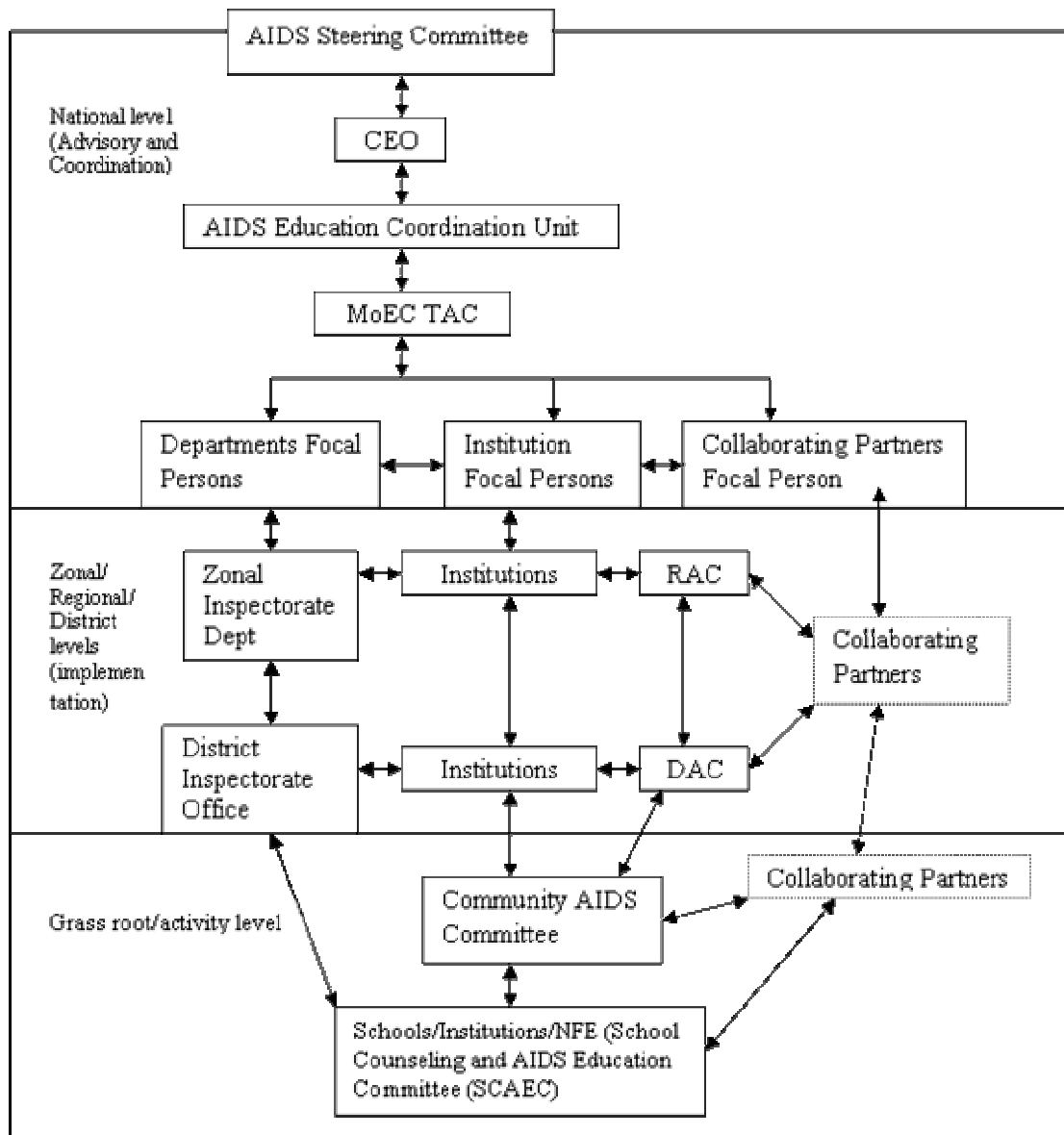


Figure 1.1 HIV/AIDS Education Implementation and Reporting Organogram

Furthermore, recent studies in Tanzania shows that HIV and AIDS education have been introduced at primary and secondary level including life skills, environmental and gender, there are also peer education programs, and counselling services (Kauzeni & Kihinga, 2004; Leshabari, Mbwambo, & Kaaya, 2005). HIV and AIDS education was introduced through both curriculum approach and extra-curricular approach. The two approaches were used to enhance the provision of the right information and impart knowledge to youths in schools. In this regard, there is a good track in the whole process of curbing the pandemic, but objective

can be realized if the students are given proper life skills to be able to protect themselves from HIV infection.

Education remains an imperative in changing adolescent risk behaviour by encouraging safe sexual health sustainable behaviour. TACAIDS (2003) reported that the Ministry of Education and Culture is among the sectors that have been seriously affected by the epidemic in Tanzania. The epidemic is associated with a decline of the quality of education because it affects teachers, students and education officers. In addition to that schools children, youths, and adults are particular vulnerable to HIV infection. The Ministry of Education collaborate with other public and private institutions of higher learning and other sectors particularly the health sector in order to enhance and develop comprehensive plan that accelerate and improve the deliver of HIV and AIDS information in schools. This includes the provision of counselling and guidance in primary and secondary schools. HIV and AIDS information should be delivered early enough so as to equip the youths with knowledge and skills which can protect them from HIV transmission. Lugoe (1996) comments that the importance of the life skills is to sustain positive behaviour and those are skills of decision making, critical thinking, effective communication, and interpersonal relationship, self awareness and coping with emotion and coping with stress skills.

The work of MoEC in the prevention of HIV and AIDS is guided by circulars, directives and guidelines as part of the 2003-2007 national multi-sectoral strategic frameworks on HIV and AIDS. The education sector developed Education Sectoral Strategic Plan (ESSP) on HIV and AIDS for 2003-2007. In 2005 MoEC also introduced a new syllabus on Biology which emphasized sprawl way of teaching HIV and AIDS aspects from form one up to form four (MoEC, 2005). The objectives are:

- To help students to develop capacity to improve and maintain their own health, of families and the community;
- To acquire basic knowledge and apply appropriate skills in combating problems relate to HIV, AIDS, STIs, gender, population, environment, drug/substance abuse, sexual and reproductive health;
- To promote the ability to communicate using biological terms and vocabularies;
- To explain ways of preventing of HIV and to differentiate between AIDS and HIV;
- To have an ability of explaining how they can care and support people living with HIV and AIDS.

Specifically based on the new syllabus proposed the teaching of HIV and AIDS education in secondary schools from form one up form four can be summarized in the table attached as

Appendix I.

1.9.2 Macro Economic Policies

The Education and Training Policy (ETP) of 1995 guides the provision of education in Tanzania Mainland (MoEC, 2004a). All MoEC policies are formulated within the context of the ETP. In 1996, the government of Tanzania developed an Education Sector Development Programme (ESDP) to address the existing problems facing the on going socio-economic reforms which were initiated in 1986 (MoEC, 2001). ESDP is a sector-wide programme aimed at assessing the various policies pertaining to sub sectors in the education sector within the Education and Training policy. The contents are basic education which includes (pre-primary, primary, adult, secondary and teacher education) higher education and vocational education both formal and non formal. Also other priorities are on resource allocation, guidelines provided under macro reform policies and programmes such as The Tanzania Development Vision 2025 (MoEC, 2001). ESDP also looks on the process of implementing HIV and AIDS education in secondary schools.

1.9.3 Macro Economic Policies in Relation to the National Plan

The Tanzania Development Vision 2025 and the Poverty Reduction Strategy 2015 both identify education as a priority (URT, 2005). The main focus to the education sector is on bringing about desired social economic transformation required to realize the visions target. The vision envisages Tanzania to be a country with well educated and learning society by the year 2025. For youths who are sexually active, effective measure have to be taken to control the new spread of HIV and AIDS through education the system, aimed at protecting children as well as vulnerable groups and poverty reduction. An increase on HIV and AIDS prevalence has aggravated the health status by eroding the future prospects of Tanzanians. It is also added that the epidemic undermine the foundation for the development and attainment of the Millennium Development Goals and national targets. Therefore it is important to build deeper understanding of the pandemic through awareness campaigns so as to contain further and minimize its impact at schools and training college. The document in the Development vision is quoted in MoEC (2001,) stated that:

Education should be treated as strategic agent for mind set transformation and for creation of a well educated nation, sufficiently equipped with the knowledge needed to competently and competitively solve the development challenges which face the nation (MoEC, 2001, p. 2).

Indeed, prevention campaign has succeeded in raising people awareness, but this has not translated in to required behavioural changes. Therefore in light with the above statement , the education system should be restructured and transformed qualitatively with focus on promoting creativity and problem solving (MoEC, 2001; URT, 2005).

1.10 The impact of HIV and AIDS on Education Sector in Tanzania

Tanzania being part of sub-Saharan Africa is very much affected by HIV and AIDS and the impact of the pandemic in education system is stated as “AIDS affects the demand, supply and quality of education being offered at all levels” (Call-Hill, Katabaro, Katahoire, & Oulai, 2002, p. 33). AIDS hinder people’s capacity to work due to the fact when people are seriously sick they can not work, those with sick relatives spent most of the time taking care of these patients and sometimes are absent from work as they have to attend funerals. Thus teachers are sometimes supposed to take extra workloads when their fellow sick teachers are absent. On students side those who are sick lag behind with their studies. Moreover, when the family members get sick teachers and learners carry the burden. This situation has serious implications on the socio-economic status of the countries with high HIV and AIDS prevalence.

Galabawa & Mbele (2001) indicate that with HIV and AIDS, the teacher attrition rate had increased from 0.5 percent to about 1.3 percent. This means that the teaching force is being eroded at a faster rate than before. It is also estimated that 4 million of Tanzanian will die with HIV and AIDS by the year 2010 and more than 6 million will be living with HIV and AIDS (Galabawa & Mbele, 2001). The nation will face great loss of both skilled and non skilled labour, rising of the health care, social and economic disruption at both family and community level. Therefore, the effort of MoEC to reduce the impact and the spread of HIV and AIDS is an issue which need to be studied from time to time in order to foresee and recommend best implementation approaches for the HIV and AIDS education.

1.11 The Structure of the Thesis

The thesis is divided into five chapters. Chapter one presents the introduction part which includes short history of Tanzania, background information on HIV and AIDS Education in Tanzania, statement of the problem and significance of the problem. This chapter presents the specific issues that direct the reader to this study by showing the impact of HIV and

AIDS in the education sector.

Chapter two I will describes the theoretical framework and other concepts based on the study. The study relies on the theory of triadic influence and how it is related to the challenges teachers face in implementing HIV and AIDS in secondary school curriculum by including the policy adopted by government and circular on HIV and AIDS education. The chapter also covers the literature related to the study.

Chapter three describes the research methodology employed to conduct a study. That includes the research settings, the justification of research methods, sampling techniques and target population and summary of all data collection procedure.

Chapter four is the presentation and the discussion of the finding from the fieldwork, this chapter will include educational officers, tutors, teachers, student and parents. Chapter five presents the conclusion and recommendations of the study.

Throughout this thesis, I will use the term Ministry of Education and Culture (MoEC) and Ministry of Education and Vocational Training (MoEVT) interchangeably to represent the same thing. This is because MoEC was the name used before the fourth term government in 2005. From 2005, MoEC was changed to MoEVT.

CHAPTER II: Literature Review and Theoretical Framework

Triadic Theory of Influence (TTI) is the basis for data analysis and discussion in this thesis. Since there are numerous conducted studies about HIV and AIDS issues in Sub-Saharan Africa, as well in Tanzania, a few selected studies will be used in supporting the discussion that involve past and present research. These selected studies include those done by Mosi (2004), Rutakyamirwa (2004); all these references will help to describe the HIV situation in Tanzania. Other selected references from sub-Saharan Africa and the rest of Africa will be used as well. Generally, the literature provides an overview of studies carried out in Africa and else where in developing countries on adolescent reproductive health. This helps in exploring challenges on the implementation of HIV and AIDS education in secondary schools.

2.1 Theory of Triadic Influence (TTI)

This is a theory of health behaviour with implications for preventive interventions. It was propounded by Flay and Petraitis in 1994 and is an integrative schema for examining Health Related Behaviours (HRBs). The Triadic Theory of Influence (TTI) originated from previous theories of health behaviour which focus on proximal cognitive predictors of behaviour, others are focused on expectancy- values formulations, some focus on social bonding, social learning process of health behaviour, and point toward personality and interpersonal process (Flay & Petraitis, 1994). However, these individuals mentioned theories are limited in various ways, in the extent that they articulate the dynamic interplay of the complex elements of sexual behaviour. Similarly, the Problem of Behaviour Theory, have been criticised for not adequately specifying processes or pathways of influences with little to explain on the deeper roots of behaviours. Thus, Petraitis et al. (1995) argue that, while few theories are more integrative in their blending of cognitive, learning attachment and interpersonal influences the TTI is another theory that emphasizes interpersonal characteristic or personality.

In the early HIV pandemic individualist approach, focus on theoretical framework such as the Health Belief Model, Theory of Planned Behaviour, and Social learning theory were quite common and over simplistic (Ajzen, 1985). Such approaches did not identify the social, cultural, interpersonal, structural, environment as multiple factors that influence implementation of HIV and AIDS education in schools. Also the approaches have been

criticized for failing to take account and consideration of the contextual of multiple factors which are different from them but they have proximal and distal influence on intervention (Flay & Petraitis, 1994). There are multiple factors which influence teachers as well as youth in the process of making decision and choice on what to delivery as the content of HIV and AIDS education in schools and behaviours concerning sexuality (Aggleton & Rivers, 1999).

The TTI is comprehensive in such a way that it constructs, integrates and incorporates all previous theories. Flay and Petraitis (1994, p.22) assert that:

“Although the TTI was originally formulated in the context of adolescent substance use, it is directly applicable to other HRBs in promotion of health. The theory goes beyond to all previous theories by providing new insight in to what causes and how to improve and solve the people’s health problems”.

TTI also provides dozen of testable hypotheses about causal processes, including mediation, moderation and reciprocal effects. Thus, TTI provides a framework for generating hypotheses and integrating results concerning direct and indirect effects, the interaction among the predictors, and feedback that represent the immediate and long-term consequences of prior behaviour.

In implementing sex and reproductive health education in schools, the main goal is to influence and to adopt sustainable safe health behaviour. However, it is easier to provide knowledge and attitude than to change behaviour because behaviour is shaped by many factors (UNAIDS, 1997a). Meanwhile, some of the teachings of health education are directed to emphasize on individuals to adopt behaviour for healthier life. My research focuses on investigating how lesson on HIV and AIDS education in schools are conducted. I was interested in looking at challenges teachers face in implementing HIV and AIDS education and what the adolescents learn at schools. Then the intention was to look at how these challenges hamper the delivery of HIV and AIDS education in relation to environmental factors. I choose TTI as a theoretical framework though it is complex model in explaining but is applicable in analysing the relation between environmental, social cultural and intrapersonal characteristics as they interact together to influence the intervention. In educational perspective, people can learn continuously from their environmental and social surrounding context together to develop knowledge and skills to improve the quality of life. Therefore, all factors are working together and not in isolation to accomplish the goal. In addition the involvement of the community is also important.

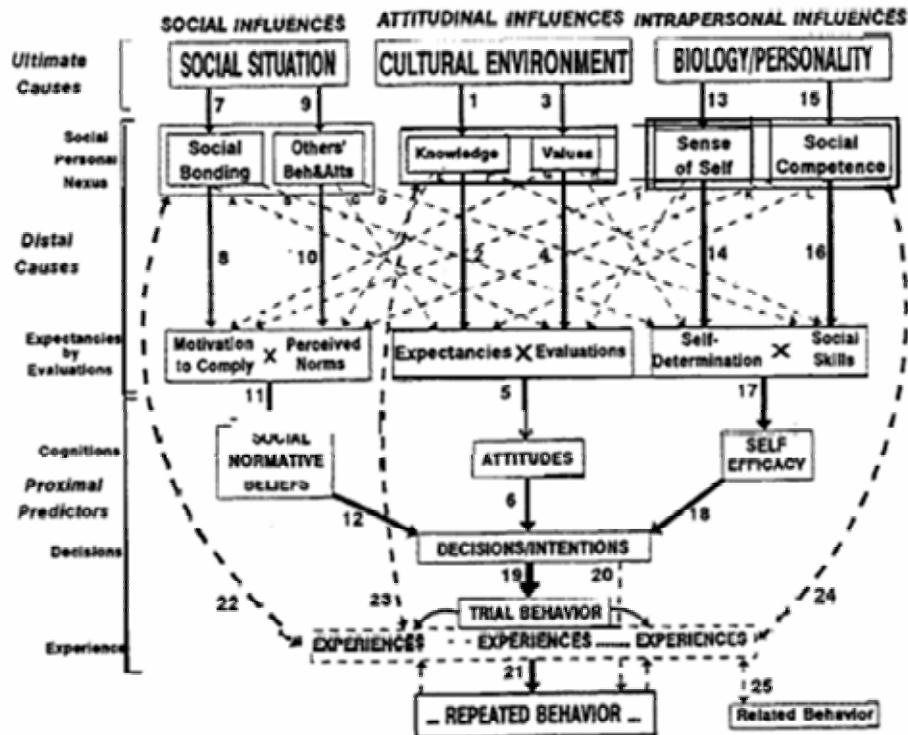


Figure 2.1 Theory of Triadic Influence (Flay and Petraitis, 1994, p. 35)

The most basic assumptions of the TTI is that the causes of HRBs exist on varying levels of influence as follows (Flay & Petraitis, 1994, p. 34):

1. The top tier represents the ultimate causes of behaviour; factors in one's background and environment that are believed to be the deep-seeded, root causes of behaviour. They include one's inherited traits and personality dispositions, one's socio-cultural heritage and the macro-environment, in which one is raised and lives, and more immediate social situations and contexts (microenvironments) in which the behaviour takes place.
2. The second tier, which we call the social-person nexus tier, is the level at which the ultimate causes interact to provide the personally relevant, but still general, social relationships, knowledge and values, and sense of self-and social competence.
3. On the expectancy-value (third) tier, properties on the social-person nexus become more specific to the particular behaviour we wish to predict. For example, general knowledge influences beliefs about the particular consequences of a particular behaviour.
4. All three streams flow into the cognitive (fourth) tier – social normative beliefs, attitude, and self-efficacy.
5. The social cognitions on the fourth tier determine the final single predictor of any one behavioural action – the decision/intention to act in a certain way in a particular situation (fifth tier).

2.2 Components of TTI

TTI incorporates in to theories matrix that there are multiple types of influence on the interventions, as well as three levels of influence. These include social situation context –

influence on social bonding and social learning influencing normative beliefs and self-efficacy. The TTI assert that social influences, including family and school systems (ultimate causes), directly affect to whom an adolescent becomes closely bonded and indirectly causes to whom an adolescent is motivated to comply (distal causes). Bearinger & Resnick (2003) argue that, teenagers from families characterized by high levels of parent-child closeness will have high levels of motivation to comply with parental norms and expectations. The argument is that if parents oppose pregnancy during the teen years, the youth with strong family ties would be motivated to comply with the expectation (Bearinger & Resnick, 2003). Although TTI proposes that the influences provided by parents and other persons such as teachers in adolescent have strong impact, social environments primary affect perceived social norms and motivation to comply with those norms. It also recognizes that the behaviour and attitudes of others also affect attitudinal and interpersonal paths of influence.

The second component of TTI associated with cultural environment is on knowledge and values that are influencing attitudes. These are embedded under the theories of health behaviour, such as Theory of Reasoned and Action, and the Theory of Planned Behaviour (Ajzen, 1985, 1988; Fortenberry, Costa, Jessor, & Donovan, 1997). However these theories fail to articulate how beliefs and attitudes are developed. Applying to this type of influence on sexual behaviour and the availability of reproductive health education and service in a school might indirectly influence perceptions and susceptibility on HIV and AIDS as well as STIs¹. Thus have directly influencing youths knowledge about the HIV infection and condom use (Crosby, DiClemente, & Wingood, 2001).

The interpersonal factors comprise the third stream of influence on the TTI theoretical framework by recognizing the biological make-up and personality that contribute to one sense of self determination/control, social skills, perceived social competence, and leading to self-efficacy. The theory discovers that traits and personality dispositions in unison contribute to health-related decisions. The path influence within the interpersonal flowing through the following dimensions, such as social competence/esteem, expectancies, motivation might have direct or indirect influence on the intervention.

¹ Sexual Transmitted Infections (STIs)

The theories of health behaviour will help to provide a holistic picture on how TTI add on the intervention of the health education program, and how indirect and direct the interpersonal dimensions can be barriers for HIV and AIDS education implementation in secondary schools. The HRBs has generalized by pointing out that person behaviours have rooted by cultural, environmental, and current social situations and these are considered as ultimate cause of behaviour. But the theories fail to identify which environmental, situational and personal characteristics contribute to HRBs. The theory like Ajzen (1985) theory of planned behaviour assumes that HRBs are most immediately controlled by decision or compromising behaviour is a function of ones (1) attitude toward performing HRBs (2) social normative pressure to perform HRBs (3) perception of self – efficacy in performing HRBs. The assumption of TTI is that health-related attitudes, social norms and self efficacy represent three streams of influences that have different origin and flow through different variables (Flay & Petraitis, 1994).

Attitudinal influences are thought to originate in the broad cultural or microenvironment and flow through factors which affect health-related values, knowledge, expectations and evaluation regarding the person and social consequence of HRBs. The microenvironment has an impact in the sense that it involves also the patterns of activities, roles and interpersonal relations, perceived social pressure experienced by developing a person in a given setting. This includes physical and materials and it is powerful in shaping the persons psychological growth and how he or she perceives the situations, like the inner person at home, in the classroom, playground and face interaction in modifying a person (Flay & Petraitis, 1994). In my case the social influences are thought to originate in ones current social situation or immediate microenvironment, and flow through factors that affect social normative belief regarding the provision of HIV and AIDS education at schools. Interpersonal influence is thought to originate in inherited dispositions and personality characteristics of the actors, and flow through health-related self efficacy; it comprises interrelation in which a person actively participates. This could be related among home, schools, neighbourhood, peer group, family work as well as social life. This belief or ideology underlying is already formed whenever a person moves or changes to a new place or new curriculum reform. In general TTI contends that attitudinal, social normative and interpersonal influences each is independently but in unison affect health related decisions. The same applicable in intervention of the sex education and reproductive health in schools those mentioned factors are working together to influence the implementation of HIV and

AIDS education.

Therefore in implementing a new health program or any intervention at schools planners should take account the contextual of environmental and structural factors, which might influence the content delivery, it can be either directly or indirectly. Specifically in my study the working conditions of the teachers, the cultural that means teachers are become part and parcel of society, to the extent of influence implementation. The environmental issues most problem on my study has not allow to use electronic materials as a teaching aids even if they access them easily this will be discussed more in analysis chapter. Social influences and social ecology, and cultural appropriateness are important factors to consider, because are associated with the influences of families, schools, peers and neighbourhoods/communities. All are key factors in facilitating prevention and health promotion efforts. The prevention and health promotion program can be archived through involving whole schools, families, and communities in an integration and coherent way.

The studies conducted by Kajula (2005) and Namisi (2004) in Tanzania and Kenya respectively reported that parent or adults communication with youths about sexuality matters and reproduction are generally restricted. The resistance of parents in talking to their children about sexuality in open way leave their children with many unanswered questions (Namisi, 2004). The reasons behind is simply because in most part of sub-Saharan Africa including Tanzania sex is regarded as a taboos subject for discussion within society as well with in a family. To alter the problem the youths need assistance to deal with thoughts, feelings and experiences that accompany physical maturity. The studies of Kaaya et al. (2002) and MoEC, (2004) have indicated that school based HIV and AIDS prevention and sex education programmes, may successful help to increase students knowledge about AIDS, change attitudes of risk behaviours and adopt sustainable health which will delay onset of sexual intercourse and increase condom use among sexually active students.

2.3 The Connection between Theoretical Framework and Reviewed Literature

Yet the challenges remains as most of the teachers remain reluctant on the provision of the HIV and AIDS education and the student are still involved in unsafe sex (TACAIDS, 2003). Thus it may be concluded that there is inefficiency on the provision of education about HIV and AIDS failing to motivate teachers as well as students in the whole process of its implementation. The TTI illuminate multiple facets which lead to behaviour development.

The literature too informs that several societal dimensions surrounding to sexuality in relation to youths as a results make them to behave riskily in the HIV and AIDS environment. Educating the youths is the only way forward to help youth make better decisions and determine risky behaviours.

2.4 Studies from Outside Tanzania

The implementation of HIV and AIDS education in primary and secondary schools has been playing a vital role in controlling the spread of this pandemic disease. The World Bank (2002) stress that a school is an ideal setting, because it has potential to reach the whole community, the school system brings together students, teachers and parents. However, there is a need to ensure that the implementation of HIV and AIDS education is of good quality by understanding the perception and attitude of the community and ensuring that teachers have necessary skills to deliver HIV and AIDS education in secondary schools curriculum. Moreover Kelly (2000) argues that the HIV and AIDS education manual should be revised in order for the content to contain more skills based and including reproductive health to respond youth's needs so as to reduce vulnerability. Also Kelly (2000) added that the HIV and AIDS education package should include the following:

- Essential knowledge about their bodies, sexual health, pregnancy, STIs and HIV and AIDS
- Skills to resist peer pressure and adult coercion
- Skills to delay sexual intercourse
- Skills to protect themselves against HIV infection
- To have perception of the value of open communication with trusted adult or peer
- Knowledge about role models and identity figure to have successfully managed their sexuality

Therefore by including all the above topics in secondary schools curriculum would help to alter important needs of the youths. In this study I find out whether these suggestions are included in the HIV and Education curriculum in Tanzania.

2.4.1 Studies Focusing on Curriculum delivery content at Schools in relation to teachers

A good teacher is a professional who first possess a wide range of knowledge and academic skills for enhancing it. Second a good teacher is not an individual who blindly follows educational policies and practices dictated from above and dominate learning experiences. Rather, she/he has the ability and skills to guide and facilitate successful student-initiated

learning and problem solving (Mosha, 2004).

Studies conducted in Asia and Pacific region contend that there are inclusions of HIV and AIDS within the school curriculum, but they argue that specifically the aspects concerning the preservation of HIV- transmission are complex issues, due to the cultural dominant and religious restrictions. These restrictions add immediate challenges to educators. The challenges of implementing HIV and AIDS education in schools curriculum are underpinned to different levels that are: macro, micro and meso. The macro system refers to social political, historical, economic as well as environmental conditions that influence the overall human being. The structure of macro level include, government, ministry other institutions such as religion policies. Thus the micro level refers to the societal level, and the micro system includes family, schools, neighbourhood and surrounding environment. Meso level refers to an individual (personal level). At the meso level the system comprises the interaction among two or more settings which develop a person to be an actively participant, for instance the interaction between students and teachers or parents, and other social institutions (Smith, Kippax, Aggleton, & Tyrer, 2003).

The study conducted by Traore et al. (2004) focused on Africa countries including Ghana, Kenya, Uganda and Zimbabwe, based on assessing a teachers training project. The findings of this study argue that a teacher training in any subject is important. For information and skills related to reproductive health and HIV and AIDS teachers are crucial link in providing valuable information (Traore, Finger, Ruland, & Savariaud, 2004). However, to do it effectively, they need to understand the subject, acquire good techniques, knowledge and skills as well as support from the education system and broader community. The study argues that sexuality and reproductive health and HIV education are often controversial because some individual believe that talking about sexuality in schools may increase sexual activity to students. However, based on an exhaustive review by WHO (2001) the provision of education helps to prevent teen pregnancy, and result in delaying first intercourse or if they are already sexual active, there is an increasing of use contraception.

Furthermore, the study carried out in Kenya and India attempts to elucidate how HIV and AIDS education is implemented and received in schools specifically in Nyaza, Kenya and Tamil Nadu in India (Boler, Adoss, Ibrahim, & Shaw, 2003). The study concludes that, teachers and schools play a pivotal role in teaching young people about HIV and AIDS education. Unfortunately, the deliver of the sex education are severely constrained by a

wider crises, specifically social cultural restrain in discussing HIV and AIDS, sexual relations and power inequalities. These constraints manifested in practical part of provide the education where teachers are engaged in practice of selective teaching (ibid, p.5). The message on HIV and AIDS are either not communicated at all, or restricted to overly-scientific discussion without direct reference to sex or sexual relationships. Also the strong belief act as a threat to the provision of the education. In that study parents often feel uncomfortable talking about sensitive issues with their children and particularly in India, the media is perceived as giving out harmful information messages. Consequently, the schools are viewed by the community as trusted and important place for young people to learn about HIV.

The exploratory study conducted in Eastern Nigeria focus on examining social and cultural as determinants of teaching of HIV and AIDS among secondary schools teachers (Oshi, Nakalema, & Oshi, 2005). The research analyses how teachers perceive passing their knowledge of HIV and AIDS prevention measures to their students in the context of their cultural and social norms, which restrict open discussion of sex. This qualitative study based on in depth-interview with 60 teachers drawn from secondary schools and supplemented with focus group discussions and teachers lesson preparatory notes. The findings show a high level of knowledge of HIV and AIDS preventive measures among teachers. However teachers are not passing this knowledge to students as it was intended because of culture and social inhibitions. Also teachers have not been receiving adequate training and motivation information, education and communication for HIV and AIDS sex education. The study concludes that this situation calls for serious and comprehensive policy intervention in overcoming the problem (Oshi, Nakalema, & Oshi, 2005).

Previous studies carried out in Uganda shows that to have a relative good progress in the decline of HIV prevalence infections, there was an integration approach in schools curriculum (Mbogo, 2005; Mugabirwe, 2005). In this integration life skills have been introduced specifically to address the issues of HIV and AIDS. The president of Uganda, Museveni argued that, if the parent did not want to talk to their children about sex, the schools should teach them (MoES, 2004). This puts emphasis on the main aim of this approach which was to break the stigma caused by HIV and AIDS. In 1990s, Museveni developed education programme for primary schools called President Initiative on AIDS Strategy for Communication to Youth (PIACY). This was developed so as to enable both students in primary and secondary schools to receive HIV and AIDS education in school

curriculum. Another initiative introduced in Uganda is Schools Health Education Project (SHEP) which came with life skills, the skills of knowing oneself, living with others, and skills of making effective decisions. Furthermore, there are extra curriculum activities, such as cultural club, various programs including safe sex and AIDS is your choice, straight talk, youth talk, and counselling and guidance sessions in schools.

The study conducted by Mugabirwe (2005) in Rukungiri District, in Uganda, revealed the importance of the involvements of teachers in HIV and AIDS education. The main argument in this study is that teachers may act as parents at schools, and are elders who have confidence and capable to provide relevant HIV and AIDS education. However, the conclusion of the findings from this study revealed that there was little or minimal involvement of teachers on the planning and decision making on the programs related to the HIV and AIDS education in secondary schools. Teachers are still required to play an important role, to promote education in various aspects among the students. It was added that even for the few teachers who are involved; the message delivered leaves some important components related to sex education, they lack openness by omitting detailed information as a result of culture and personal comfort. The study recommended more effort in facilitating teachers to take an active part on HIV and AIDS education (Mugabirwe, 2005).

In Zambia, HIV and AIDS education was introduced in primary and secondary schools curriculum, through the use of carrier subject approach, integration and co-curriculum approaches such as formation of anti-AIDS clubs, drama, cultural clubs and peer counselling in schools (Kelly, 2000; Malambo, 2000). The country makes use of “health education” subject as a carrier subject for HIV and AIDS education. However, not all schools teach this subject making this approach partially adopted. In addition, there is formation of anti-AIDS clubs, drama and peer counselling in learning institutions. The conclusion made by Malambo (2006) on the implementation of health education in schools, is that there was extremely little time for teachers training concerned reproductive and health education in developing countries. The study also observed that most of the countries do not include health education in the teachers training curriculum. The study also argues that teachers lapsed to didactic teaching instead of interactive teaching methods such as games and role play which are important aspects on teaching HIV and AIDS education (Malambo, 2006). In her opinion she propose that teachers should be trained for a minimum of one year to specialize in this subject so as to give them confidence in the content delivery.

Studies from South Africa show that there was a reform on primary and secondary school curriculum. Life skills and HIV and AIDS Education programmes are collaborative activities between the Department of Education (DoE), Department of Health (DoH) and non governmental organizations. The guidance and counselling are offered to learners and in secondary schools have adopted a stand alone subject on HIV and AIDS. This education is offered throughout the nine provinces. The Department of education in South Africa provide teachers guide and train teachers to deliver the new curriculum on HIV and AIDS which have been included in the Dramatic and Arts subject at secondary school level. Furthermore, there was an introduction of life, orientation skills on primary schools. Life orientation is a central holistic to the development of the learners' knowledge, skills, values and attitudes which empower them to have information. Life orientation focus on four areas of learning that include: Health Promotion, Social development, Personal development, and movement orientation in the world (DoE, 2002). Moreover, Mathew et al., (2006) conducted a study to investigate factors associated with teachers, implementing HIV and AIDS education in secondary schools in Cape Town. The study focused on assessing whether HIV and AIDS education was implemented in school curriculum. The findings of the study confirm that programs were not implemented as it was intended and female teachers were found more likely to have implemented the programs than males' teachers. The reasons were associated with previous training, self-efficacy, and students-centeredness, belief about controllability and schools-community relations. The study also concluded that the program has succeeded was due to the value of teacher training and school policy formulation. The study comments on the importance of improving school functioning and school climate (Mathew, Boon, Flisher, & Schaalma, 2006).

Furthermore, the study conducted by Ahmed et al. (2006) in Mankweng South Africa Cape Town aimed to encourage school-going adolescents, to postpone the onset of sexual activity for those not yet sexually active and to increase the use of safer sex practices for those who are sexually active. The study provides a process evaluation of a 6 day teacher training program which forms part of a sexuality education project. The training aimed at providing teachers with necessary knowledge and skills to effectively teach a 16-lesson to grade 8 (14 years old). The life skills curriculum consisting of participatory exercises on sexual reproductive health, human immunodeficiency virus, sexual decision making, abstinence, consequences of sexual activity, safe sex practices, substance abuse and sexual violence. The questionnaires were administered prior to the training; two follow-up time periods were

analyzed as well as participant observation notes. The finding indicates that teachers reported increased confidence and comfort in teaching on the sexuality curriculum after the program. However, many teachers conclude on the factors hampered the implementation of the curriculum in schools such as inadequate training and development, supports of teachers, staff shortage and resource to implement and support new curriculum. Some of them expressed a need for teaching materials, detailed guidelines on lessons, resources for students and ongoing support. The study recommended that teachers require time to adjust new curriculum and methods of teaching.

2.5 Related Literature Review from Tanzania

Various studies have been conducted in Tanzania in relation to HIV and AIDS but there are few studies on secondary schools based interventions see for example (Kapinga, Hunter, & Natchtigal, 1992; Lugoe, 1996). The studies focus on reducing risk taking behaviour, delaying sexual debut knowledge perception and attitude and condom use and other reproductive health and contraceptive among the youths. There are limited review work done in relation to the challenges teachers face in implementing HIV and AIDS in secondary schools in Tanzania, most of the studies are focus on primary schools. Therefore I have selected some information from these studies which are related to HIV and AIDS diseases in order to focus on the challenges of implementing HIV and AIDS education in secondary schools.

2.5.1 Studies on Knowledge and Perception among the Youths in Schools

Kapinga et al. (1992) conducted a study in four government secondary schools in Tanzania: two from Dar es Salaam and two in Bagamoyo. The purpose was to examine reproductive knowledge and contraceptive awareness. The study revealed that 60.9 percent of students were sexually active. Furthermore, the study identified that the knowledge about contraceptives was very low among students, because few respondents had obtained that knowledge. The situation was worsened by the resistance of the society in accepting the introduction of reproductive health education component in school curriculum. The reason for discouraging reproductive health education in schools was that such information might encourage promiscuous among the adolescents, rather than helping them to minimize the consequence of unprotected sexual activities (Kapinga, Hunter, & Natchtigal, 1992). The study concluded that not all youths are consensual in sexual activities, because there were

incidents of sexual abuses, incest, rape which is reality troubles developing countries.

The study conducted by Lwihula et al. (1996) aimed to investigate sexual and reproductive knowledge, perceptions and behaviour among school youth in Kinondoni district, Dar es Salaam. In this study it was revealed that almost all students had heard about AIDS, the majority of them identified different ways on how the disease is transmitted such as through sexual intercourse and blood transfusion (Lwihula, Nyamryekunge, & Hamelman, 1996). Also students knew that condoms are effective preventive measures against HIV. The study identified that the first major source of information of HIV and AIDS and other STDs were mass media. In general the study realized that teachers and parents played a minor role in providing HIV and AIDS education. Furthermore, the study also realized that students have serious questions related to reproductive and physical sexual development, the results show that there was a knowledge gap in these areas.

In addition, the study also identified a number of misconceptions among the students, because in this study students posed several questions like whether a sexual intercourse of a girl can result to pregnancies like it is with adults or girls can become pregnant through kissing. The other question was whether a girl can become pregnant at the first sexual intercourse or at what day of menstruation cycle girls can become pregnant. The result of the study concluded that “a student gets only 50 percent of relevant sexual education and the sources of information are: 38 percent from mass media; 10 percent from peer and teacher and 2 percent from parent and religious leaders” (Lwihula et al, 1996, p.58). Furthermore, majority of the respondents were reported to engage in sexual relationships.

In a study carried out to examine sexual and reproductive behaviours among primary and secondary schools pupils in Mwanza, Tanzania by Matasha et al. (1998) involving 18 primary schools and 5 secondary schools students, it was indicated that youths in primary and secondary schools have already started sexual activities (Matasha, Ntembelea, Mayaud, Said, & Todd, 1998). The median age at first encounter 15.2 years in primary schools while in secondary school is 16.2 for both girls and boys. The majority of schools youths engage in sex activities with their peers, but almost half of primary and secondary schools girls have reported to have sex with adults, teachers, relatives or strangers. Half of the girls in primary and secondary schools reported to have their first sexual encounters through forced sex by adults who gave them gifts and other valuable things. In this regard, pregnancy was a frequent event for both primary and secondary schools youths. The study also concluded

that, although a high proportion of school children reported to use condoms, there were very high rates of STDs among these youths. These are mainly associated with poor discussion about sex and sexuality between adult and youths. However, youth thought that sex education should be taught by teachers, health workers, parents and other adults within a society.

2.5.2 Studies on the School Based Interventions on HIV and AIDS Education

Mosi (2004) conducted a survey baseline study to obtain information on what is going on in schools and teacher colleges with regard to HIV and AIDS education interventions. The study revealed that teachers and tutors are involved in sexual practices with their students.

A detailed investigation on how a sexual relationship between teacher and student starts is presented by Plummer et al. (2006). Usually this relationship began when a teacher isolate a girl in his office or home where a girl is assigned to do certain activities such as house cleaning or cooking. A teacher may threaten the girl with punishment and offer her special privilege to gain sexual contact and ultimately intercourse. The study also noted that one girl of 15 years old reported that

Her teacher, called her in to the office when other teachers were away. He asked her whether she had handed in the exam and pretends to argues with her... Then he said that he just misplaced it. He told her she was a best girl in a class with 45%, but he wanted to give her another 15%. She agree to have free marks, and the teacher started to caressing her breast, buttocks and hands... and asked her for sex (Plummer et al., 2006, p.12).

In these cases, if a girl refuses sex, over the following months the teacher sometimes make excuses to beat her, without reason. Statistics in education sector are not readily available to show how many age population and teachers/tutors are affected. Though HIV and AIDS education is integrated in the school curriculum, those topics are not always taught as it is required. It was added that “teachers who are suppose to teach those topics, lack adequate skills and are not motivated” (Mosi, 2004, p.32). Also there are inadequate teaching, learning materials and inadequate supportive supervision.

Furthermore, study by Mosi (2004) also argues that school based interventions handled by NGOs are not operating optimally as they are not well coordinated and they are not helping teachers to perform better on HIV and AIDS education in schools. The finding from mailed questionnaires, field visit interviews revealed that most of NGOs were targeting in upper government schools and few secondary schools and lower primary schools. The teaching

and learning materials on HIV and AIDS education are scarce or deficient. The study identified the weakness of interventions in schools and teachers collage were absence of sufficient funds for running HIV and AIDS education programs was the main cause. There was low awareness at the community level, as well lack of transparency in the discussion on prevention and transmission of HIV and AIDS. Also the study realizes that pupils, students, teachers and tutors are still reluctant to practice safe sex. The study recommended that there was a need of effective intervention, integrations of HIV and AIDS education programs into curricular at all level of education (Mosi, 2004).

The study by Rutakyamirwa (2004) aimed to explore factors that affect teaching and learning HIV and AIDS in secondary schools. The study involved three schools, one government school, a community school and private (Catholic) secondary school. All three schools were allocated in Karatu district. The results of the study revealed that factors affecting teachers in teaching HIV and AIDS education were associated with the shortage of teaching and learning materials, shyness of teachers and students, cultural values, and school administration had little involvement on activities targeting HIV and AIDS education in schools.

2.6 Summary of the Literature Review

The problem of HIV and AIDS is generally very critical especially in the sub-Sahara African countries including Tanzania. Many authors have provided their views and stances on how to curb the disease where delivery of HIV and AIDS education is most to have significant influence on how people make decisions about their health and important area for sexual education. Tanzania as a country takes HIV and AIDS education delivery seriously to the extent that it has integrated it into its secondary school education curriculum. My study falls on assessing the challenges teachers face in implementing HIV and AIDS education in secondary schools. In the literature revisited, I found that the Triadic Theory of Influence (TTI) is useful for zooming in the challenges of implementing HIV and AIDS education in Tanzanian secondary schools.

CHAPTER III: Research Methodology

3.1 Introduction

The purpose of this chapter is to describe the methodology which has been employed in the study, the number of the respondents/participants, the data collection methods and the research setting. In addition, the strengths and weaknesses associated with those data collection methods are outlined.

Research is a complex process which requires the researcher to follow a certain procedure of collecting, analyzing and interpreting data, so as to validate the findings. Therefore, any researcher before going to the field of the study has to develop a research design. Kvale (1996, p. 98) views a research design as “overall planning, preparing methodological procedures for obtaining the intended knowledge”.

In this study, I have used qualitative methods for data collection. The study employed focus group discussion to students and semi-structured interviews, focusing on parents, teachers, and college tutors. Other important actors involved are the officials from the Ministry of Education and Vocational Training (MoEVT) and TIE who deal with the planning, design and implementation of HIV and AIDS education in secondary schools. In total, 30 interviews including two focus group interviews from two schools of Mkuranga district were conducted.

3.2 Research design

The research design has been used as a comprehensive logical framework for collection, interpreting and analyzing data from the fieldwork. The ideas of research design is that it serves the bridge between research questions and the implementation of the research (Blanche & Durrheim, 1999; Yin, 2003). I designed the study by selecting one region, Pwani region out of twenty six regions in Tanzania and organized a fieldwork visit where I was able to talk with teachers, student, tutors, student teachers and parents as well as education officers in their typical working places. The reason for choosing Pwani region was attributed by budget and time constrains. Also it is not far away from the place where I live compared to other region like Kigoma. This is what Bryman (2004) calls a case study, where the study aims to make an intensive examination of the setting. Thus, I have employed “a case study research design” because the study covered only one district out of six districts in

Pwani Region. In order to explore the challenges of delivering of HIV and AIDS education in schools I had to meet the teachers and students in their environmental working conditions.

I first applied for a research permit from the Ministry of Education and Vocational Training which is located in Dar es Salaam, and then the ministry gave me a letter to deliver to the Regional Administrative Secretary (RAS) in Pwani region, located at Kibaha town. The RAS provided me with another letter to see the District Administrative Secretary (DAS) of Mkuranga district. At Mkuranga district, the DAS wrote a letter to give me a permission to visit schools, villages, wards and colleges within the district. Before starting the data collection process, I visited the schools, villages and colleges where I was allowed to conduct the study so as to establish rapport with important people in these areas. The main purpose was to develop a mutual relationship and build trust with respondents, a process which would allow free flow of information (Bryman, 2004). In these pre-visits, I explained the purpose of my study to the prospective respondents so as to obtain oral informed consent, which is important for ethical and cultural issues. Being a native Tanzanian helped me to establish a rapport due to the fact that I speak the same language, Kiswahili as the respondents, which is Kiswahili. The data were collected from July 2006 to the mid of August 2006.

3.3 The study setting

3.3.1 Geographical Features

The study was conducted in Mkuranga district in Tanzania. Mkuranga district is found in Pwani Region. Pwani is located between latitude 6⁰ and 8⁰ south of the equator and between longitude 37⁰ 30' and 40⁰ East of the Greenwich meridian line. To the north it borders with Tanga region, Morogoro to the west and Lindi and Mtwara region to the South. In the eastern side the region shares borders with Dar es Salaam.

Mkuranga district is one of the six districts that form the Pwani Region and was established in 1995. It is relatively a small district, covering 2,432 squares kilometres out of the total area of 33,539 squares kilometres covered by Pwani region. The district has about 90 kilometres of coastlines, extending from Temeke in Dar es Salaam to Rufiji district. The district is endowed with coral reefs, mangrove forest, coastal fisheries and remote unpopulated islands which host endangered species such as red colobus monkeys and attractive birds (MDC, 2002)

Myself being a teacher, I discussed case description in my early proposal of this research and decided that it was better to choose schools which I have never been posted as a teacher, or no the schools which I have no experience or influence (Lungo, 2005). This was emphasized in (Hitchcock & Hughes, 1989) when arguing on the relationship between the interviewer and interviewee. They stress that research procedures should consider the relationship between the interviewer and interviewee. Sometimes it is difficult to disentangle the influence, if the interview is conducted between acquaintances, colleagues or former students. The threat is that the informant may provide false information, hide or exaggerate information for the purpose of pleasing the researcher. For these reasons, to avoid such situation I decided to go to Mkuranga district where I have no influence, for the purpose of getting credible data.

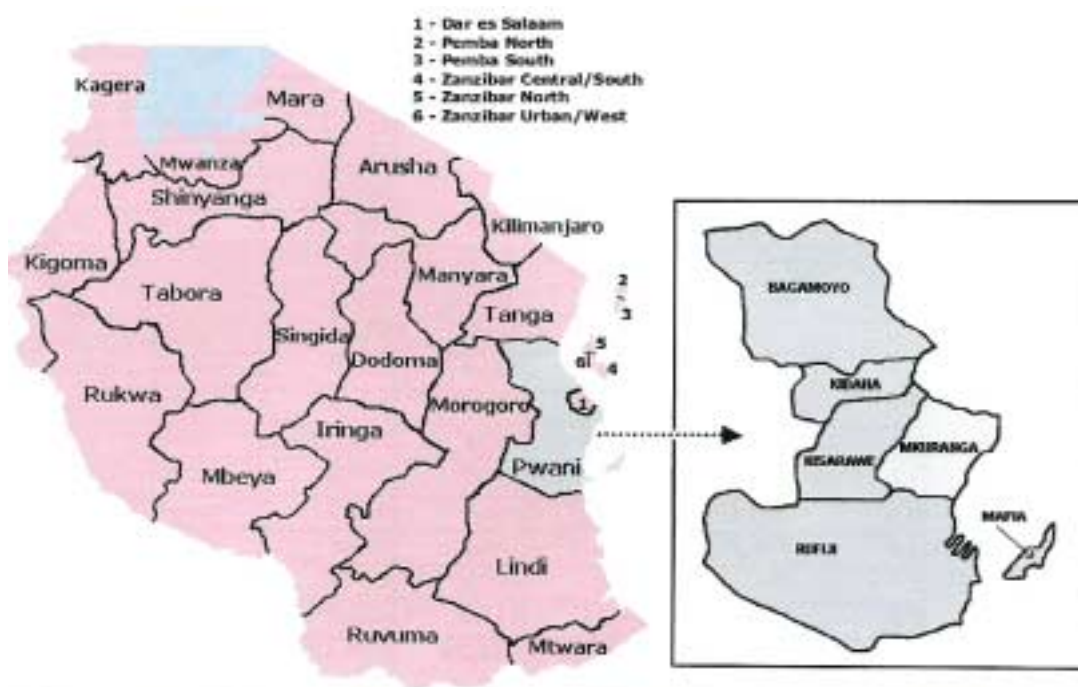


Figure 3.1 Maps of Tanzania and the Mkuranga District

3.3.2 Social Economic Activities

In Mkuranga district there are four divisions which include Kisiju, Mkuranga, Mkamba and Shungubweni. The district is further divided into 15 wards, which are Vikindu, Tambani, Mbezi, Mkuranga, Shughubweni, Kisiju, Magawa, Kitomondo, Lukanga, Nyamato, Kimanzichana, Mkamba, Panzuo, Bupu and Mwalusembe, with a total of 101 villages in the

district. The people of Mkuranga primarily belong to four ethnic groups: Wazaramo, Wandengereko, Wamatumbi, and Wamakonde. Most of the people live in poor and simple houses thatched by grass or coconut leaves, mud walls and earthen floors. The majority of the population belong to Christianity and Islamic religions with the majority being Muslims. The population size in Mkuranga district is 187,428, where males are 91,714 and females are 95,714 (IRA, 2005).

The (NBS, 2005) survey in Mkuranga villages found that the average income per house hold was about Tsh 600,000 (less than\$ 600 per year), with an average household size of 5 to 6 people per family. This indicates that 1 person earned less than one dollar per day. Fire wood is the major source of energy for cooking and kerosene is used for lighting (IRA, 2005).

Mkuranga was selected as the setting for study due to the fact that the standard of living for most of the people is low, especially in rural areas where the majority live in absolute poverty. Also, the district has poor coverage of communication networks and information flow. Most of the people do not have access to radios, televisions, newspapers and internet. This is a new district as I have mention in the previously paragraph, it is not explored publicity. Thus makes it a favourable place to study the importance of HIV and AIDS education in schools. I choose Mkuranga district because students are likely to rely mostly on the school curriculum to get information about HIV and AIDS, rather than any other means of information like posters, newspapers, brochures, television and radio. The fieldwork study was conducted in two schools within the district.

Most of the villages are remote and inaccessible, especially during the rain season, because some of the roads are not in use during the rainy seasons. Even without rainfall it is difficult to drive a car because the road is full of sand; in most cases you need a four wheel drive vehicle. Available public commuter busses transport (known as hiace or “kipanya”) does not reach the interior villages from the main road. The most common means of transport in these areas are bicycles. Thus, it was interesting to study the availability and daily life of the teachers in these schools and see how hampers the delivery of HIV and AIDS education.



Figure 3.2 Rural road and agricultural activities

Agriculture is the principal economic activity in Mkuranga district, over 90 percent of the households engage in farming. The most common food crops are cassava, rice and beans, and major cash crops are cashew nuts, coconuts, pineapples and oranges. In order to sell products, business people from the city come with large vehicles (Lorries) and camp in the villages during harvest seasons. The villages have neither hotels nor guest houses, thus all visitors especially business people have to organise a camp for accommodation and this allows them to integrate with the villagers. In most cases, business men get female partners whom end up into sexual relationship. The studies conducted in Tanzania also indicate that urban rural migration pattern are important factors underlying the rapid spread of the sexual transmitted infection, thus also course of HIV and AIDS transmission (Boerma et al., 2002; Gould, 2004). Furthermore, the studied report that social mobility is a primary cause of the behaviour change because when peoples migrate, they get exposed to behaviour and norms that tend to be different from those of their place of origin, like practicing unsafe safe sex leading them to the risk of HIV infections.

3.3.3 Health Delivery Services

Health delivery services in Mkuranga district are provided by one district hospital; two government owned health centres; fifteen government owned and ten privately owned dispensaries. However, most households have closer proximity to traditional healers than to modern health services (hospitals and dispensaries) because of the poor infrastructure and low income. Thus, traditional healers are often consulted when individuals get sick (MDC, 2002). This demonstrates that in this area, school children are more dependent on the

education system to acquire HIV and AIDS education.

Mkuranga district head quarters are located on the main road from Dar es Salaam to Mtwara region. The highway is the main road with high traffic of large cargo trucks and busses heading to and from the southern part of the country. In the district there are many recreational areas used by travellers. However, it is believed that these transport workers and passengers are main carriers of HIV and AIDS to the district (Boerma et al 2002)

Malaria, cholera, and acute diarrhoea are endemic problems in the district because of poor piped protected water sources (NBS, 2005). In addition to that it was reported that due to the nature of soil -sandy it is easy for houses to collapse. This makes latrine construction to be difficult. Health data in the district show that less than 40 percent of households have latrines, the rest use beach and garbage dumping area as toilets. This increases the disease burden and accelerates the death rate especially to HIV and AIDS positive peoples. Again this stresses the importance of delivery of HIV and AIDS education.

Information from the District Health Office at Mkuranga indicates that there is an increase of HIV and AIDS cases as presented in Figure 3.

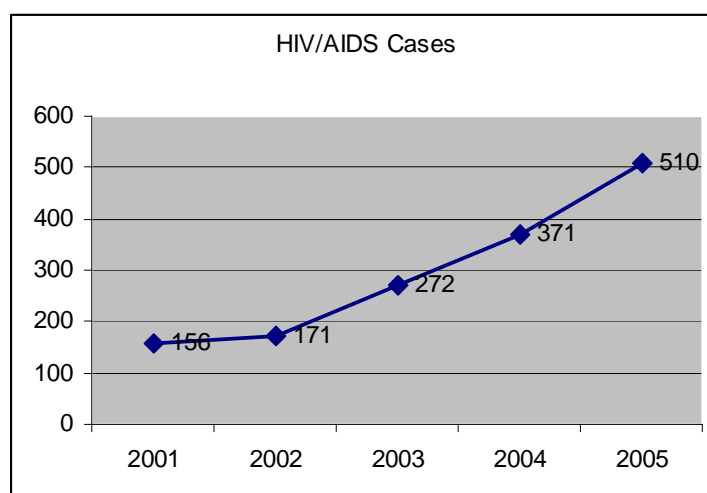


Figure 3.3 HIV and AIDS Cases (District Processing file, 2001-2005)

The data was obtained from the district hospital and other health centres, from the people who come to donate blood, pregnancy woman and for those who attended voluntary counselling and testing on HIV and AIDS.

3.3.4 Education Profile

At the time of the fieldwork study there were 10 secondary schools, with about 4,126 students in both government and private secondary schools. The number of secondary school teachers in the district was 176 teachers where 50 are female and 126 are males (MDC, 2002).

I selected the secondary school level because students in secondary schools are in transition from childhood to adulthood, adolescents (youth) aged between 15-21 years. The students in this stage are characterized by experimentation and initiation, this may make them to be vulnerable to risk practices, including pre-marital sex, drug and alcohol consumption which prone them to greater risk of HIV infection than other age group (Mosi, 2004; WorldBank, 2002). In Tanzania, secondary school is a bridge between primary and higher education. Government – owned secondary schools were chosen because they act as the first point of implementation or failure of implementation of any policy intervention. Furthermore the department of curriculum developer has introduced a new HIV and AIDS syllabus in secondary schools in Tanzania in 2005. The emphasis was that teaching of the topics about in relation to HIV and AIDS should be in a spiral way in all classes. This is inviting more research to investigate challenges and suggest best ways of delivering the education. It is generally suggested that to address HIV and AIDS preventive measures, “we should teach people while they are young and they will live to remember” (Malambo, 2000).

Teaching people at young age is a good starting point, because through education, they will acquire life skill education for making proper decision in getting engaged in sexual relations. Furthermore, it is important to teach the youths while they are experiencing physical, biological and mental changes in their body.

3.3.5 Fieldwork Sites

In Mkuranga district the research was conducted in two secondary schools selected from two wards. One ward is located within the town council area with access to better roads, mobile telephones; landline phone communication, newspapers and television. These communication infrastructures are available due to presence of electricity. The second ward is located in a purely rural area, where there is no electricity, television, newspapers and unreliable means of transport. The selection of different wards was due to the desire to investigate HIV and AIDS education activities in rural and urban schools. This is in line

with the fact that all teachers in urban and rural schools have similar roles and expectations in the context of teaching and introducing the subject of HIV and AIDS, yet they are faced with different challenges in delivering the education. One teachers college was visited in order to investigate the way in which teachers are equipped to deliver HIV and AIDS education from the colleges.

In order to ensure and secure the anonymity of the schools and college, fictional names are used: Masala Secondary School, Masahibu Secondary School, and Makome Teachers College. Masala is a government owned school located in the district headquarter town and is a newly established school that started in the year 1997. The school enrolls both boys and girls and is a day school (no student halls for residence). The school admits and provides ordinary level studies and is not far away from the district head office, about one kilometre from the main roads. The school also has 24 teachers with a mixture of female and male teachers. In addition, there is good supply of water and electricity.

Masahibu secondary school is a government owned school, situated in rural area, founded in 2001. This school admits student for ordinary level secondary studies. The school has ten male teachers and no female teacher. The school is situated 64 kilometres from Mkuranga town, and is characterized by poor infrastructure such as a lack of library, student's books, poor roads, electricity, and water supply.

Makome diploma teachers collage is a private teacher's college which is situated in Dare es Salaam city, the college admits students of both sex: females and males. I planned to visit this college because in Mkuranga district there is no Teachers College for secondary school teachers.

3.4 The choice of methodology

Silverman (2005) defines methodology as the choices the researcher makes about the cases to study, methods of data gathering, forms of data analysis, planning and executing a research study. Therefore, methodology defines how one will go about studying any phenomenon. Silverman describe two types of methodology in doing social research, that is either positivism which seeks knowledge through quantitative methodologies, or interactions that seek knowledge through qualitative methodologies. The nature of my study follows the interaction type of study.

This study is descriptive and interpretive; therefore 'qualitative methodology' has been used.

By using a qualitative approach, enables to explain the issues that arises from the study. The qualitative research uses broad research methods, such as observation, interview, focus group discussion and documentary review (Hoepfl, 1997). Therefore, qualitative research is inquiries of knowledge that are prescribed by scientific method. Qualitative data collection methods tend to collect data in natural rather than artificial settings; this method allows the researcher to be close to the participant in their natural setting.

According to Creswell (1998), a qualitative study is an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting views of informants, and it is conducted in a natural setting. Similarly, Bryman (2004) argues that qualitative research is concerned with understanding the context, in which behaviour occurs, data are collected in natural settings, and meaning and understanding are reached by studying cases intensively. Qualitative research is a flexible approach, in data collection, data analysis and report writing. This means that the researcher verifies the accuracy by using many procedures for verification (Patton, 1990). The analysis of data uses multiple levels of abstraction; often a researcher presents a study in stages. For instance, the multiple themes can be combined into larger perspectives, the analysis of data starts from particular to general reflecting all complexities that exist in real life.

Cohen et al. argues that, “qualitative research is hypothesis generating rather than hypothesis testing” (Cohen, Manion, & Morrison, 2000, p. 315). Through inductive analysis the researcher captures personal ideas, experience, and comes up with a new theory which reflects the real phenomena. Qualitative research helps the researcher to seek and understand the perception and knowledge of people in their real world.

The issue regarding making decisions on which guide a strategy to use in the research process has been highlighted by (Bryman, 2004), who argues that the researcher needs to consider the specific research question being investigated, the nature of the topic and the people being investigated. Therefore, this study is guided by a qualitative research strategy and the data collected was qualitative in character, due to the desire to understand how the respondents perceive, views and experience their own world and life. Thus qualitative research involves watching people in their own territory and interacting with them in their own language, so as to understand their social reality. My study was designed on the basis of my desire to capture the teacher, students; parents and tutors perceptions on the challenges of the implementing HIV and AIDS education in secondary schools, through visiting the

informants in their living and working place.

3.5 Data collection methods

This study utilized a multiple of data collection methods because no single source of information can be used to provide a comprehensive picture in programme. Each method of data collection has strengths and weaknesses (Cohen, Manion, & Morrison, 2000). Silverman emphasizes that no research method stands on its own (Silverman, 2006). The use of multiple methods in a single study is referred as triangulation. Triangulation is important to ensure the reliability, validity and credibility of the findings. Martella (1999) argues that triangulation should be seen as an important aspect of data gathering in qualitative research because it increases the reliability and validity of the data as well as allows for some in-depth analysis (Martella, Nelson, & Marchand-Martella, 1999). I have used observation, interview, focus group and document review as data collection methods. This enabled me to validate the accuracy of the data obtained from the field work and improve the quality of the findings which is impossible to obtain by using a single method. In addition, Silverman put emphasis on the use of the multiple methods by saying that:

“... by looking at an object from more than one stand point, it is possible to produce a more true and certain representation of the object. In natural science, particularly with concrete physical objects, this may well make sense. But cultural research, which focuses on social reality, the object of knowledge is different from different perspectives Silverman” (2006, p.291).

Therefore triangulation was both important and useful for me to use in order to overcome the problems of using only one data collection method.

3.5.1 Observation

Observation is data collection method which relies on the researcher to see, hear, test and smell. The method does not depend on getting information through someone else. The observer could be in a three situations, that is (Patton, 2002):

- (a) Naturalistic observation, this is when the research participants are not aware that they are being observed.
- (b) Participant observation where the researcher is involved in the activities of the research participants.
- (c) Non-participant observation where the researcher is passive and merely takes notes on what is observed.

Observation has been highlighted as a fundamental and important method used to discover

complex interactions in natural social settings (Patton, 2002). Patton also argues that observation helps a researcher to obtain some additional information about the topic being studied. Also, observation avoids report bias from someone else, overcoming language barriers and observing naturalistic behaviour. Patton's words show that there are advantages in direct observation:

“Observation adds value to the research data in that, the inquirer is better to understand and capture the context within which people interact. Understanding context is essential to a holistic perspective of people. The setting allows and inquirer to be open, discovery oriented and inductive, by being onsite observer has less need rely on prior conceptualizations of the setting, whether those prior conceptualizations are from written document or verbal reports. The researcher has opportunity to see things that many routinely escape awareness among the people in the setting, the observation is the chance to learn things that people would be unwilling to talk about of an interview” (Patton, 2002, p. 262)

In this study, I was a non-participant observer where I observed teachers while conducting teaching sessions in the class with students. I had direct classroom observations in selected school at Mkuranga district. During the observation sessions, the main focus was to see how teachers and students interact within the classroom context when a HIV and AIDS lesson was taking place. Specifically, I had an opportunity to observe a discussion on the topic “the transport of materials in living things”. In those classes, the sub-topic was the effects of HIV on the white blood cells. This helped me to see the situation in the classroom, and the way students respond to the teacher's questions. Also I witnessed the way the teacher teaches accompanied with the method (and teaching aids). This was useful to me because it provided thick information on HIV and AIDS in the classroom context by observing the methods that teachers use and teaching aids in respective topic. The observation session lasted for 35 minutes per day and I attended sessions for one week (Monday to Friday) in each of the two schools I visited. During the observation session I was sitting at the back of the classroom to avoid interrupting the lesson.

The weakness of this method as a research tool is that it is time consuming due to the fact that it requires the researcher to be present in the place where the studied activity is taking place. This is not always the case; sometime it is not possible for a researcher to get eye contact with research participant. Also, the presence of the observer could trigger the research participant to act abnormally if they are aware that they are being watched. As result, the true picture such as feeling, attitude and beliefs may not be observed by a researcher. In my case, when the topic was not finished within the one week which I was present in the field, I had to exit the observation sessions and concentrate on other methods

of data collection. That is to say that due to time constraints I was not able to follow the full presentation of the topic.

3.5.2 Interview

An interview is a data collection technique that involves verbal interactions between interviewer and interviewee (Cohen, Manion, & Morrison, 2000). It is an interchange of views between two or more people with mutual interest. In this study I have conducted face to face in-depth interviews with 30 informants, including parents, teachers, students, tutors, student's teachers and education officers. The interview guides were constructed as semi-structured and open-ended in nature, but with the interviewer in control so as to direct the interview and obtain as much information as possible from the respondents. The interview began with a short presentation of the main objectives of the study.

In this study, teachers were purposefully selected because they are the implementer of HIV and AIDS education in secondary schools. Students were involved as receivers of that education. Participants were volunteers who were confident to speak out in relation to the research topic. Parents were selected purposively, through getting assistance from teachers at the visited schools. First I asked teachers if they can give me contacts of nearby parents. I have interviewed parents who were available. Parents they are also involved in making decisions on their children and they are responsible for taking care, support, in their children. Education officers from the Tanzania Institute of Education and Ministry of Education and Vocational Training were included in the interview because some of them are involved in the formulation of the educational policies, syllabus, circulars, teachers guide, and directives on HIV and AIDS in schools curriculum especially those officers at the HIV coordinating unit within the ministry. Tutors are also important specifically those in the department of curriculum in the college, because they are involved in preparing future teachers who are required to delivery the HIV and AIDS education in secondary schools. All respondents who were selected had different contributions to the understanding of challenges teacher face in the implementation of HIV and AIDS in secondary school curriculum.

One of the strengths of the interview data collection method is that it provides immediate feedback that allows the interviewer to follow up with probing questions so as to obtain more in-depth data for greater clarity (Patton, 2002). The interviewer has the opportunity to observe facial expressions and body language, thus enabling the researcher to understand the

reactions of the respondent on the different topics being discussed. Interviews can be carried out successfully even with illiterate interviewees, the method also allows for direct interaction between individuals, and helps a researcher to establish a rapport. Patton contends that in order to understand how people have organized the world and meaning what is going on the world “we have to ask people questions about those things and issues concerned with the world” (Patton, 1990, p. 278). Therefore, the purpose of interviewing people is to allow the researcher to enter into the persons feeling, views, perspectives, thoughts in relation to the real world.

An interview allows adaptability, that there is a chance for seeking clarification and elaboration of the points raised from either side of interviewer or interviewee. Furthermore, the presence of the researcher encourages involvement as well as participation. Sometimes the researcher has a chance to repeat the point where the informants did not clearly understand during the interview session (Hoyle, Harris, & Charles, 2002). The interview is a flexible and adaptable way of data collection that is not directly observable unlike other methods of data collection.

However, an interview method has weaknesses too. The method requires travelling and setting face to face meetings hence is expensive and time consuming to administer, Cohen et al., (2000) argues that the one to one interpersonal interactions existing during the interview process may introduce subjectivity and biases in the data obtained. Lack of recall during the interview on the part of the researcher may create information gaps and biases that may reduce validity and reliability of data collected. The interview is problematic when the interviewee may decide to withhold sensitive or useful information and decide to give false information or sometimes exaggerate an event.

In spite of these weaknesses, interviews were used in this study to elicit information from educational officers, teachers, tutors, students and parents so as to identify the challenges teachers face in implementing HIV and AIDS in schools curriculum.

I interviewed one education officer from the Ministry of Education at her office. The interview lasted for 30 minutes, with the main objective being to get her view and perception on how HIV and AIDS education is implemented in secondary schools. In the department of curriculum development, I interviewed the education officer for 1 hour. This is the section which deals with preparation of syllabus for secondary schools. The interview with the headmasters, second masters, and tutors lasted for 45 minutes to one hour each in their

offices. Interviews with teachers were carried out in the staff rooms, and in some schools department offices during school working hours were used. Each interview lasted for one hour. Interviews with parents lasted for 40 minutes to one hour each. All interviews were guided by an interview question guide and were conducted in Kiswahili language.

The interview guide was developed in Oslo before leaving for fieldwork in Tanzania. The use of an interview guide helped to structure the flow of the conversation and helped me to make sure that I covered the planned topics. The use of a semi-structured interview guide provided topics yet allowed for flexibility so that I was free in exploring various topics; probing and asking questions that are direct and focus on the research topic.

During the interview session, rapport was established through greetings, explaining the purpose of the study and explaining that the information collected is for research purposes only and will be kept confidential. This was done in order to encourage the respondents to feel free in answering my questions. In the interview guide I wrote the name, academic qualification and professional of the interview guide sheet in order to follow up easily themes during the analysis of data. After interview session, a description of each person interview was written down in details that involve the place in which interview took place, duration and other relevant details. In parallel with noting important points using field notes some key themes were written down in order to help in make sense of the collected data. This helped me to identify some key words, themes and summarize all interviews so that it could be easy to refer to during writing process.

3.5.3 Document Review

Document review refers to the process of reading relevant personal, official or public documents, which may be valuable source of information. There are two categories of documents being reviewed: primary and secondary. The document is rated as primary when the event is recorded closely to the setting and secondary when the written material is interpretations of the primary data. Cohen identifies various sources of information that can be used in documents review such as educational reports, meeting reports, conference reports, educational policies, circulars, pamphlets, journals, dissertations and text books (Cohen, Manion, & Morrison, 2000). Document review helps to provide a good source of general background of the problem and provide opportunity for studying the trends over time.

In this study both past and recent documents related to HIV and AIDS education in schools curriculum were reviewed. The documents were obtained from the Ministry of Education and Vocational Training and are outline in the table below. The documents which have been reviewed helped to provide background information on both rhetoric and practical issues in relation to HIV and AIDS education in secondary schools.

Though the method has advantages, its weakness include the fact that the information found in the document may be factually incorrect or inaccurate, incomplete, not applicable, disorganized, and unavailable or out of date (Martella, Nelson, & Marchand-Martella, 1999). The information found in the document may be inaccurate because some of the official documents are not final draft, thus create biased on reporting. The information in the documents may highlight the positive only and leave out the negative information, it usually based on valuable information the quality, and specific information which is important to the piece of work and neglect that are not required. Obtaining and analysing documents may be time consuming, particularly if the access to document is restricted.

Source	Document Obtained
MoEVT ²	The Tanzanian Government Standing Orders
	The Educational Sector Development Programme 2001
	Secondary Education Development Plan 2004 - 2009
	circulars, directives, guidelines educational policies
NBS ³	Demographic and Health Survey 2005
	Poverty Reduction Paper 2005
TACAIDS ⁴	Tanzania HIV and AIDS Indicator Survey 2003-2004
DAS ⁵ Mkuranga	District health report on HIV and AIDS Report of District Council 2002
Femina	Femina magazines

Table 3.1 Important documents reviewed

3.5.4 Focus Group Discussion

This method resembles the interview method for it involves face to face discussions. Focus group discussion allows the researcher to discover ideas concerning people's attitudes, perceptions and experiences about the phenomena being discussed. This method allows a group of people to clarify the attitude or belief in words that are probably not easy to articulate (Hoyle, Harris, & Charles, 2002). However, instead of interviewing respondents

² Ministry of Education and Vocational Training

³ National Bureau of Statistics

⁴ Tanzania Commission for AIDS

⁵ District Administrative Secretary

individually, normally the process of conducting interviews takes place in a group. The focus group consists of a group of 6 to 12 people (Patton, 1990).

In this study, a total of two focus group discussions with students were conducted. One group discussion in each of the two schools visited. Each group consisted of 8 participants (4 girls and 4 boys). The participants in the focus groups were selected through a purposive sampling method. The first group discussion was conducted within a classroom and the second took place outside the classroom under a big tree. Permission was sought from the school administration (headmaster or second master) with assistance from the teacher's on duty. The discussions lasted for one hour each. Kiswahili language was used so as to allow participants to feel free to express themselves by using their mother tongue. The information was recorded using a tape recorder and notes were taken in a field notebook. Recording of the discussion was done after I asked the student's consent to be recorded.



Focus Group 1 Conducted in Classroom



Focus Group 2 Conducted in Under the Tree

Figure 3.1 Focus group discussions

The advantages of using the focus group are to allow the researcher to reach large number of people in a short time, also to produce result relatively quickly. If recruitment strategies are successful, the discussion can be conducted in fairly short period of time. Focus groups empower individuals to express their ideas by providing peer group support and reassurance particularly if there is a feeling of the differences in status, agreement and disagreement between the researcher and interviewees. Focus group discussion often stimulate people to talk, to reveal facts and opinions that may not be revealed, also allow the researcher to collect data while the group is interacting (Hoyle, Harris, & Charles, 2002).

However, focus group discussion has also its weakness. In the group discussion a participant may sometimes feel that she/he can not speak openly. For example during focus group in

this study, boys were free to speak out and girls were lagged behind in discussions. This is due to the fact that in the Tanzanian culture boys are more likely to be permitted to speak out than girls. I repeatedly attempted to engage the girls in the discussions, as they appeared to be shy to contribute. As a result, as the discussion went on, all participants gained strength and were able to discuss the research topic as was introduced by a researcher and gave out their own views and opinions concerning with the topic.

3.6 Selection of Sample and Sampling Techniques

Non-probability sampling was used in this research, through which a sample was selected from the targeted population in relation to the research topic. There are different categories of non-probability sampling, this include judgmental (purposive sampling) snowball sampling, convenience sampling and quota sampling (Blanche & Durrheim, 1999; Bryman, 2004; Cohen, Manion, & Morrison, 2000; Silverman, 2005). This study employed purposive, snow ball and convenience sampling. The purpose of selecting the non probability kind of sampling is not to establish random or representative sample drawn from a population. Rather were to identify a specific group of people who posses the characteristics in relation to the research topic. The informants had be identified because to enable me explore particular aspects behaviour relevant to research. This approach of sampling was useful to me as it allowed an inclusion of a wide range of key informants with access to important source of knowledge.

3.6.1 Judgmental Sampling or Purposive Sampling

In judgmental sampling the researcher chooses the cases to be included in the sample on the basis of their judgment for specific purposes in relation to the research questions (Durreheim & Blanche, 1999, Cohen et al 2000, Bryman, 2004). The reason for selecting respondents by using purposeful sampling in this study is to obtain rich and detailed answers so as to explore, explain and describe the challenges teachers face in the implementation HIV and AIDS education in secondary schools. In this study, the information was gathered from respondents who are responsible for HIV and AIDS education in secondary schools. For example in the Secondary Schools Education Department of the Ministry of Education and Vocational Training, an interview was conducted to the HIV coordinator. At the schools I have concentrated on interviewing the headmasters, since they are the initiators of HIV activities in schools and the teachers who teach the subjects which containing HIV and

AIDS topics like biology and civics. The reason for selecting purposive sampling is explained in (Cohen, Manion, & Morrison, 2000, p. 21) who argues that as the” researcher handpicks the case to be included in the sample on the basis of their judgment of their typicality”. Page number

3.6.2 Snowball or Chain Sampling

Snowball sampling refers to sampling techniques whereby the researcher makes initial contact with a small group of people who are relevant to the research topic then uses these to establish contact with others (Bryman, 2004). In this kind of sampling the new person provides information and the sampling goes on until the researcher reaches a saturation point on collecting data. Chain sampling identifies the cases of interest from the people who know information in relation to the research topic. In this study I employed snowball sampling where by the Ministry education officer led me to the Regional Administrative officer of the coast region. Then the officer led me to the District Administrative officers, who then led me to the schools and a college which were found in the district and the District Medical Officers to get the document which contain the total number of HIV infections in the district. The District Administrative officer then wrote a letter to introduce me show the wards indicating that I have permission to conduct research within the district. From the wards I was given a memo to take it with me to Makome teachers college. At Makome teachers college there is ex-tutor from Vikiindu teachers college whom they thought will be a proper person to give me access to collect data. The tutor I contacted at Makome teachers college selected two tutors from the curriculum department whom I interviewed. These tutors selected tutors because they have knowledge on how they prepare diploma teachers who would teach in secondary schools (the tutors are preparing future teachers professional).

3.6.3 Convenience Sampling

Convenience sampling, also referred to as accidental or opportunity sampling, involves choosing the nearest individual to serve as a respondents during the research process continuing until the required sample size is obtained (Cohen, Manion, & Morrison, 2000). In convenience sampling the researcher simply chooses the sample from which he or she has easy access to or available in relation to the research topic. Pupils, students and teachers often serve as respondents. In this study 2 student teachers in their second year at Makome Teachers College were included, through using convenience sampling.

3.6.4 The Selection of Students in their Respective Classes

Purposive sampling was used to select students from classes. The sample was picked from two classes of form two and three in each school. The total number of students is 16 from Masahibu, and Masala where by 8 students from each school were interviewed during the focus group discussion involves 4 females and 4males in each schools. The age and class level in this case become a factor for selection because at the age of 15-19, most students have ideas, views, and opinions in such a way they can provide information as learners in HIV and AIDS education. The selection of the students to participate in focus group discussions was purposefully chosen with the help of teachers on duty. In addition the involvement of the students was also considered in their willingness and ability to give information on HIV and AIDS education.

Name of schools	Form 1	Form 11	Form 111	Form 1V	Total
Masala	-	4	4	-	8
Masahibu	-	4	4	-	8
Total	-	8	8	-	16

Table 3.2 Student participation by schools

3.6.5 The Selection of Teachers, Parents and Educational Officers

Purposive sampling was used to select teachers, parents and educational officers. Two educational officials were involved in this study, one was a curriculum developer from (TIE), and other was from the Ministry of Educational and Vocational Training in the HIV and AIDS coordinating unit. There were two parents who participated in this study; parents were interviewed at their home, at the time which they felt comfortable. The reason for including parents based on the fact that, parents may have different views and opinions on the challenges teachers face in implementing HIV and AIDS education in secondary schools. Therefore, parents' helped to supplement the information in relation to the research topic because they are responsible for taking care of students when they return from school at the end of the day session at schools. A total of six teachers were involved in the study. Three teachers were selected from each school. Both female and male teachers were interviewed. The decision to include both teachers was backed up by the fact that not all teachers perceive the world in the same way as they have different experiences, needs, opinions and expectations. The intention was to get equal numbers of female and males from both

secondary schools. However, the number of female teachers in the selected schools was very small compared to the male teachers as shown in the Table 3. At Masahibu secondary schools the interviewed teachers were only male teachers because there were no female teachers.

Category	Female	Male	Total
Ministry officials	1	-	1
TIE officials	1	-	1
Parents	1	1	2
Teachers	1	5	6
Students teachers	1	1	2
Students	8	8	16
Tutors	1	1	2
Total	14	16	30

Table 3.3 Composition of sample by sex

Referring to Table 3 the total number of respondent's interview in this study is 30, where by 22 participants (head masters, teachers and students from schools selected for the study). A total of 2 headmasters, all males were involved in the study from selected schools. The selection of the headmasters is because they are responsible for monitoring HIV and AIDS education in schools, in charge, also is responsible in supervision on implementation of all programs in schools, and running daily activities in schools. A total of 4 teachers (1 female and 3 male) from selected schools were also included in the study. The selected teachers who engaged in the interview are the ones who teach biology and civics subjects. In addition these teachers have other responsibility in schools such as academic teacher, project coordinator especially for Femina⁶ club teacher and discipline teachers.

3.6.6 Administration of the Interview

At schools I had a short discussion with the selected respondents, in order to explain the purpose of the study and ensure them of confidentiality. Before the interview session began I briefly introduced myself as a master student from the University of Oslo. I then ask if the respondent had any questions in advance before the starting the interview session. The interview session began by following the interview guide.

The interview with educational officials, teachers, tutors, and student teachers were held in their offices during the working hours. For the parents the interviews were held in their homes in the evening after the working hours. During the interview, educational officials,

⁶ FEMINA club members of are talking openly about sexuality, lifestyles, STDs, HIV/AIDS, and help in starting discussion in their communities

teachers, tutors student, the information was recorded through taking notes in the field notebooks, in addition the tape recorder was used to record the information to supplement what is written down. The advantages of tapes as a means of recording information has been highlighted by Silverman (2005, p. 184) by saying that tapes can be replayed and transcripts improved, also you can inspect and preserve the sequence of talking and thus make sense of conversation, and make recollections of what we are unable to note down. I set 30 minutes after each interview to recall and reflect on what has been discussed in each interviews. This reading all interview to ensure that the information collected was inline with research question. During reading, I highlighted the issues that needed a clarification and for further analysis of transcript. In each interview session I thanked the respondents for their cooperation.

3.7 Data Analysis Techniques

Raw data does not make sense without being analyzed. Data analysis involves making sense of the raw data, with the aim of transforming raw data by integrating and organizing what different people have said in connection to peoples experiences in real world into major patterns and themes (Silverman, 2005). However, in qualitative research there is no formula or recipe for transformation, and it is difficult to put a line where data collection activity end and data analysis begins. This is due to the fact that data analysis starts in the field, and is part and parcel of the data collection (Patton, 1990, 2002; Silverman, 2005). As Patton (1990) asserts, there is no typically not a precise point at which data collection ends and analysis begins. In the course of data gathering, ideas about possible analysis will occur. Therefore, in this study the analysis of data was a continuous process which took place during the collection of data in the field and in writing process.

Furthermore, data analysis involves the transformation of raw data into new and consistent, coherent interpretation of the thing being studied (Miles & Huberman, 1994). Specifically, data analysis refers to ways of discerning, examining, comparing, contrasting, and interpreting meaningful patterns or themes. Meaningfulness is determined by the particular goals and objectives of the project. Data can be analyzed and synthesized from multiple angles depending on the particular research or evaluation questions being addressed. In a qualitative study, analysis relies on inductive reasoning to interpret and structure meaning that can be derived from the data. This process continues with comparison of each new

interview or account until all themes or categories have been compared with each other.

There are a variety of data analysis approaches: ethnography, narrative analysis, discourse analysis, and textual analysis. These approaches correspond to different types of data and also depend on disciplinary traditions, objectives, and philosophical orientations (Miles & Huberman, 1994). However, all data analysis approaches in qualitative studies shares several common characteristics that distinguish them from quantitative analytic approaches. Qualitative data analysis consist identifying, coding and categorizing pattern in the data.

My fieldwork data comes from observation, interview, focus group discussion and document analysis. I followed up and reviewed the field notes and transcripts, brainstorming on them in order to identify words, issues and patterns. This helped me to prepare main points in relation to respondents' answers. In the stage of coding I have put a flip chart on the wall, and then by using a different colour marker pen, I highlighted pieces of text. This led me to identify multiple factors which hamper the implementation of HIV and AIDS in secondary schools in Tanzania. I have used different colours to label similar points. I put categories on the name of themes of those people who responded on similar issues, for example those informants who responded those informants who responded on culture is a barrier to HIV education were marked by blue colour, and so on. This includes a process of segmentation, categorization and re-linking themes in order to consolidate meaning and explanation (Miles & Huberman, 1994).

I identify my data analysis technique as inductive thematic data analysis approach because patterns, themes, and categories of analysis come from data or emerge out of data rather than being imposed on prior to data collection and analysis. This means that data are analysed thematically and organized to reflect general themes in relation to the research topic. Theme contains sub-themes which simplify the division of the section and facilitate the analysis process.

After identifying all the themes related to my findings, I discussed them with other researchers to see if they make sense to others. Those researchers were my supervisor, a professor at the University of Dar es Salaam, and one of the officers at the Ministry of Education and Vocational Training in Tanzania who happened to visit Norway in September 2006. That officer from the Ministry was happy with my findings and advised me to send a presentation proposal at the *National AIDS Multicultural Conference 18th – 21st December 2006 at Arusha, Tanzania*. I sent an abstract to the conference and it was accepted as an oral

presentation. This gave me hope that the findings are credible and worthy to report about (Lungo, 2006).

Raw data from the field notes are organized into narrative, descriptions by including patterns, themes and categories so as to illustrate the case. I employed this approach; in order to make sense instead of using massive amount of data that was collected. The process involves reducing the volume of raw data and considering that which are relevant to the study through including field notes and transcripts. Some data analysis was done during data collection though most of analysis was done after data collection. Major ideas that emerged were categories, grouped and logically labelled according to different respondents in relation as described in the interview guide. Phrase and words patterns the way of thinking which seems to be repeating were group together answers from different respondent to a common which seemed to be repeating were grouped together.

3.8 Validity, Reliability and Generalization

3.8.1 Validity

Brock-Utne (1996, p.612) argues that “valid refer to the truth and correctness of a statement”. For example, in qualitative data, validity is addressed through the honesty, depth, richness and scope of the data achieved, the participants approached, and the extent of triangulation. In addition, validity might be improved through careful sampling and appropriate instrumentations. Bryman (2004, p.273) describes validity as “whether you are observing, identifying or measuring what you say you are”. In addition to that Bryman (2004, p.273) identified two components of validity such as external validity that refers to the degree to which the findings of the study can be generalized to similar cases or have relevance to the population from which participants were drawn. Internal validity, which means that there is a good match between the researchers, observations and the theoretical ideas they develop or the degree to which research findings can be influenced by extraneous variables. Therefore, validity in social science is truthfulness of the findings obtained in an investigation, it is about whether the relationship established in the findings is true, or is due to the influence of other factors. The threat to validity may appear if there is destruction or distortion of the information in the process of the investigation, in qualitative research the threat of validity can be identified after conducting a study.

Qualitative research can be weighed according to its credibility, whether the products and

results are convincing and believable (Patton, 2002). To secure validity and credibility in the study more than one method of data collection were applied such as interview, focus group discussion, observation and document analysis. These methods supplement each other and helped to check the consistency. Also, the constructions of the interviewed guide focused on research questions so as to make it clear and avoid ambiguities.

3.8.2 Reliability

The term reliability as described in Kvale (1996) refers to the consistency of the research findings. Bryman (2004, p.543) defines reliability as the degree to which a measure of a concept is stable, meaning that the study is stable and unchanging the reality. Although the qualitative based on the interpretive and the constructionist ideas of investigators, but they do not expect to find a repeatable result because things in the world are not static. The objective of reliability in research is checks if the later investigations have followed the same procedures as described by earlier researchers. The validity and reliability in all research methods are crucial. Brock-Utne (1996) emphasized that the reliability and validity within research are important in both research methods; however they might be treated and evaluated differently.

Though some writers suggest that the term validity and reliability need to be discerned, some writers suggest that qualitative studies should be judged or evaluated as a way of establishing and assessing the quality of qualitative research. (Lincoln and Guba in (1994 cited in Bryman, 2004, p.273). They propose two criteria for assessing qualitative study that are trustworthiness and authenticity.

Dependability which parallels reliability means the study is dependable in the sense that the reader should be convinced of the findings, and how far proper procedures have been followed. Thus including assessing the degree to which theoretical inferences can be justified (Bryman, 2004).

Transferability, which parallels to external validity, means that qualitative findings tend to be oriented to the contextual uniqueness of the social world being studied. Lincoln and Guba (1994 cited in Bryman 2004) assert that qualitative researchers are encouraged to produce the thick description that is rich and accounts the details in culture. The use of the different methods helps to supplement one another and to check the consistency.

Conformability is concerned with ensuring that the researcher can be shown to have acted in

a good faith, in other words, the researcher should not overtly allow personal values or theoretical inclinations to influence the research. The conformability of this study has been enhanced by providing a summary after each interview to respondents after each interview asking them to comments. This helped me to make the corrections in areas where there were misunderstandings. The major aim of getting feedback from respondents was to provide a chance for me check the accuracy and correctness of the field notes so as to avoid biasness in reporting the data collected. I also kept in touch with the respondents while I in Oslo and made a follow up to confirm the information gathered during the data collection process. The communication was through electronic mail and telephone with some respondents from the ministry, district and schools.

The criteria for authenticity as suggested in Lincoln and Guba (1994 cited in Bryman, 2004) are as follows:

Fairness, which is about the research fairly representing the different view points among the members of a particular social setting. Ontological, this is about the ability of the research to help members of a particular setting to arrive at a better understanding of the social milieu. Educative authenticity, this is about research helping member of a particular social setting to appreciate better the perspectives of other members of their social setting. To ensure reliability of the result and records from respondents in all phase of the research process the criteria for authenticity were maintained, by including the problem formulation, the selection of the informants, managed field notes and interview transcripts and data analysis. There was a use of tape recorder on the interviews with some respondents, which help to presents their views.

3.8.3 Generalizations

The term generalization refers to the extent to which the results or findings of the study can be extrapolated to a wider context than that which was used in the implementation of the research design that is to a broader populations (Blanche & Durrheim, 1999). In addition to that, Blanche & Durrheim (1999, p.63) argue that generalizations are important when the researchers want to make general conclusions on the theoretical claims or aim to describe a population. Those two arguments are very important and applicable to the positivist researchers in relations to generalizability of the findings. The positivist researcher assumes that behaviour laws of the universal they do not operate only in the experimental laboratory but also can operate in the real world or natural setting (these are called field experiments). Generalizability is important to survey research, because the representative samples used to describe the entire population. The finding of this study can be generalized only to the

sample was taken and not the whole population in Tanzania. Though it is oblivious to point out that the findings from the study can be applicable in any different area, but with similar situations or context.

3.9 Ethical Consideration

Ethical issues are inevitably faced in social research, because it deals with human beings. Bryman (2004) argues that ethical issues arise and cannot be ignored because they relate directly to the integrity of a piece of research and of the disciplines that are involved and it is concerned with various stages in social research. In this study, the ethical issues have been put into consideration and maintained. Ethical issues were considered at the start of the study by seeking permission from the ministry and at the school level, during the research, after the research and in the final report. Thus, there was confidentiality of the data, preserving the confidentiality of the respondents by explaining to them that I will use the results of the finding for the intended purpose to fulfil the requirements of the master program at the University of Oslo. The research settings: ministry, schools, collage and village were visited before the actual starts of the fieldwork. The main purpose was to develop a rapport as well as to obtain informed oral consent with the respondents. The school were notified by letter from the district and the respondent privacy was protected through disclosing their identity safeguards, the respondents after gathering the information and during report writing. Also, being an employee as a teacher in the Ministry of Education and Culture, I was able to get some available documents from the ministry in relation to my research topic.

3.10 Study Limitations

This study took place in Tanzania, my home country, however it has been noted that doing research on your own place of residence there is the possibility of cultural bias or sometimes a researcher might hesitate to report some information (Brock-Utne, 1996). This is to say even though the researcher might originate from the same social setting or culture, she/he might be blinded from the events which are taking place her/his environments or culture and sometime cannot see it in the different aspects. Therefore by using a scientific approach and appropriate research skills, methods and procedure helps the researcher to understand the reality of people being studied and how they interpret their social reality. Using those approaches helped me to make a proper investigation in relation to the research problem.

In this study I tried to triangulate methods in order to gain an in-depth understanding on

challenges teachers face in implementing HIV and AIDS education in secondary schools. However, I acknowledge that there were some challenges encountered in my research, starting with the sample used in this study. During investigations and interview was not possible to cover the whole schools and participants like parents, teachers, students, tutors student's teachers and educational officials from the ministry. Therefore, the scope of this study has been narrowed down to a case study by involving one district out of six districts in Pwani region.

On the side of the visited schools I have to acknowledge that there are challenges, one of them especially at Masahibu secondary school, where there is a problem of transport. To reach at Masahibu village you need to have a four wheel drive. That happened when I was visiting the school to give a brief explanation on the purpose of the research. I had to use public transport which travels 19 kilometres from the main road then using bicycles for another 6 kilometres. In addition, the communication infrastructure in that village seems to be difficult. Fore example it took about two week, for the letter from the District Administrative Secretary to reach at the wards. Fortunately, I met headmaster and explained what I intended to do in his school, he asked me if I had a letter from the ministry and the district, then I told him that I have a photocopy here of the letter so he arrange an appointment for me conduct interview in his schools. Even though I have in worried if their answers are real, is their opinion or they want to please me.

Chapter IV: Research Findings, Analysis and Discussion

This chapter presents and analyses the findings of the study. The response from teachers, tutors, student teachers, parents, students and education officials from the ministry of education, reviewed documents and observed situations are presented. The finding will be analysed and discussed in relation to the theoretical framework and literature related to the study in connection to the research questions.

In analyzing the data as a stated in the previous chapter, I used thematic induction analysis method as a bottom-up approach, where the themes naturally arise from the fieldwork data in relation to the research questions (Blanche & Durrheim, 1999). Not all issues discussed in the interviews are presented in this chapter, but the selection has been made according to those issues that seemed to be most relevant to research questions. These help me to realize the challenges of the implementation of HIV and AIDS in secondary schools.

The results revealed that there are multiples challenge teachers face in implementing HIV and AIDS education in secondary schools. Those challenges include: (1) policy issues, (2) cultural issues, (3) delivery of HIV and AIDS content of the syllabus and (4) economic factors. The following is a detailed description of each challenge.

In this chapter, policy issues and how they influence HIV and AIDS education in secondary schools are discussed. Insufficient teacher training, teaching methods and aids, teacher pupil ratio, deployment of teachers, teaching and learning material, the analysis and discussion will focus on different perspectives from the respondents.

4.1 HIV and AIDS Policies within the Ministry of Education

The Ministry of Education and Culture has a specific role in the preparation of strategic plans, frameworks and policy guidelines on HIV and AIDS in schools. The first guidelines were developed in 1996 and revised in 2002 to help improve the efficiency and effectiveness of management, administration, coordinating and financing HIV and AIDS in schools as well as life skills programmes. These guidelines have been revised to match the principles of the Tanzania Education and Training Policy (1995) on the issues such as decentralization of responsibilities and impart life skills education and those of the National Policy on HIV and AIDS (2001). The guidelines also spell out the principles that should adhere to circular number 3 of 2004 (MoEC, 2005) which need people, agencies and organizations either local

or international who would wish to form multi-sectoral spirit of collaboration and partnership in the struggle against the AIDS epidemic in schools, teachers colleges and working places.

However, currently the day-to-day operations of the MoEC in the prevention of HIV and AIDS is guided by non-formal policy documents, namely circulars, directives and guidelines, rather than being formalized. For example, the MoEC established HIV and AIDS interventions in the education sector, through Circular No. 3 of 1993 and 2000 respectively (MoEC, 2000).

As a result of these circulars, AIDS education was incorporated into a number of carrier subjects and interventions were expanded to cover all employees of the MoEC at the central, regional, district and institutional levels. The management and coordination of programme activities were also strengthened. Specifically, six interventions are still under implementation as presented in Figure 4.1:

- Strengthening the HIV/AIDS management structure;
- School HIV/AIDS and life skills education;
- School peer education;
- School guidance and counselling committees;
- School guidance and counselling services, and
- MoEC headquarters peer education

Figure 4.1 Interventions Programmes (MOEC, 2004)

The school-based activities are carried out at district level by Non-Government Organizations (NGOs) and Community-Based Organizations (CBOs). However, gaps relating to policy, leadership and advocacy are encountered at all levels as it will be presented in the previously section.

A sustainable coherent HIV and AIDS program, calls for both participation of local communities and NGOs in issues pertaining to HIV and AIDS. MoEC emphasises the need for strengthening School AIDS Committees that are composed of teachers, students, pupils, parents, and community members, including members of faith organisations surrounding the schools and colleges. There should be an immediate call for schools that have not developed such committees to develop active HIV and AIDS programs since awareness creation by informed parents at home and other members of the community can have reinforced impact

on children.

This study reveals that the implementation generally is slow and not well coordinated from the government level to schools level. I found no national education policy on HIV and AIDS; instead there are guidelines, circulars, strategic plans and directive formulated within the context of ETP Policy and National HIV and AIDS policy. While these local policies (circulars and directives) serves for the same purpose as would be if a policy was in place, they are not as strong as policy. For example, instead of having a comprehensive policy for all ministries, each Ministry is required to prepare strategic framework plan on the combating HIV and AIDS. MoEC (2004, p. 12) have the following strategies:

- To develop a test and integrate the curriculum related to sexual health matters of young people at primary and secondary school level into to training teachers
- Train sufficient number of teachers for the same to achieve national coverage
- Assure support of teaching materials and in-service training to facilitate teachers activities in schools
- Encourage pupils to develop their own projects and interventions through extra curriculum activities such as school clubs, theatre groups and competitions.
- Promote peer-education and guardian- centred projects
- Establish guidance and counselling services in all schools and colleges
- Strengthen and promote use of schools and class libraries to provide relevant education materials on HIV/AIDS/STI, life skills and behaviour change including provision of TVs and VCRs and computers
- Incorporate and promote life skills education in the school curriculum on cultural norms and values to reduce HIV/AIDS/STI
- Link with MoH for promoting health care seeking behaviour and youth friendly screening and treatment of HIV/AIDS/STI
- Involve parents in HIV/AIDS/STI prevention effort in school committees open days and parents meetings
- Revive cultural norms and values that encourage positive attitudes and decision making about sexual matters

The respondent from the ministry explained that policy development is a long process because it involves different stakeholders in the education sector such as members of parliament, parents, educational institutions and religious groups. All these groups together should reach a consensus. The officer also concluded that the ministry faces problems of

financial resources, inadequate access to appropriate learning and teaching materials, and technical capacity. Kauzeni & Kihinga (2004) reported that the administrators some time were forced to rely on common sense only, when such issues are happen amongst their own staff, like to deal with children whose pain is overwhelming. This has been attributed by little training provided to equip teachers with the knowledge and skills based on counselling and guidance in response to HIV and AIDS.

While the objective of the strategic framework is to decentralize the responsibilities but the study revealed that the coordination, management and implementation of HIV and AIDS activities in secondary schools is still centralized at the MoEVT which leads to complications in the delivery of HIV and AIDS in schools. As one respondent from the district education officer pointed out, there is poor communication between secondary schools and the district educational officer, zone chief inspector regional, education department as well as ministry level because the activities of HIV and AIDS education programs in secondary are not decentralized like in primary level.

Furthermore, training, seminars and workshops related to the implementation of HIV education were conducted by the educational officials from the ministry instead of providing that responsibility to the district educational department and districts inspector. In short, this deviated from what has been stated in the strategic framework plan in relation to decentralisation issues. This was also contributed by the lack of understanding among the educational leaders and implementers on their roles and responsibility in the HIV and AIDS programme. Therefore, I conclude that lack of clarity and understanding of policy issues has hindered the effective implementation of HIV and AIDS education in secondary schools.

4.2 Reasons for Teaching HIV and AIDS Education in School

The reason for including HIV and AIDS education content curriculum is that schools are single location where largest proportion of information can be reached. Also most of the youth in Sub-Saharan Africa initiate sexual activities while they are still of school age, therefore through education helps to protect that population from further infection. In addition, the schools have an established venue for interventions, their location is known, they are sustained within a community, their hour and mode of operation are known, and the school have established mechanism for accessing students the size of target population is known (Kaaya et al., 2002; Kaaya, Mukoma, Flisher, & Klepp, 2002).

The World Bank argues that education in primary and secondary schools has been playing a vital role in controlling the spread of HIV and AIDS. The World Bank (2002) stress that school is an ideal setting, because it has potential to reach in a whole community, the school system brings together students, teachers and parents. However, there is a need to ensure that the implementation of HIV and AIDS education is of good quality by understand the perception, attitude of the community and ensure that teachers have necessary skills to deliver HIV and AIDS in secondary schools curriculum. Preventing AIDS through education avoids the major related costs of health care and additional of education demand and supply.

4.3 Content Delivery Approaches at Schools

The HIV and AIDS content delivery at the visited schools revealed that two approaches are used: curriculum approach and extra-curriculum approach.

4.3.1 Curriculum Approach

The curriculum approach has been proposed by Kelly (2000) who argues that HIV and AIDS should be included in the education curriculum of primary and secondary schools so as reach to many youths. The provision of relevant education to this group will enable them to handle different issues related to HIV and AIDS such as prevention, care and coping with risky situations. As a result many countries including Tanzania have included the HIV and AIDS education in their school curriculum. The approaches used to include HIV in the curricula differ from country to country. In sub-Saharan African countries, most of inclusions of HIV and AIDS education were done in the 1990s. Kelly outline four main approaches used to include HIV and AIDS education in school curriculum that are (Kelly, 2000):

- (a) Separate subject approach: this involves introduction of a new stand alone and clearly labelled subject concentrating on HIV and AIDS education.
- (b) Carrier subject approach: the HIV and AIDS education material are added to one or more existing subject. Those subject are called carrier subjects since their syllabus are expanded to include the new education.
- (c) Integration approach: on this approach, all core and optional subjects address HIV and AIDS education in order to take account multidimensional nature of HIV and AIDS issues.
- (d) Infused approach: HIV and AIDS education is infused in the curriculum with or without any specific mentioning of HIV and AIDS in the subject.

On the on hand, during the interview with the teachers, students, student's teachers, all

informants have pointed out that the HIV and AIDS content is addressed and is an integral part of schools timetable. However all informants said that the HIV and AIDS content was not incorporated in details in the topics being taught, it was covered too briefly. One student teacher said that, the content was just highlighted within a one unit of the whole course modules.

On the other hand, the problems of teaching it in details are associated with shortage of the teaching and learning materials such as books for references. One students at Masala secondary school pointed out teachers are present basic facts about HIV and AIDS like the definition of the term, how it spread, how to prevent it, how to care people living with HIV infection. In the demonstration of the male and female condom use as a method of prevention, students pointed out that teachers do not elaborate in details, they are teach more theoretical part of it. Students recommended that, the subject that are incorporate HIV and AIDS issues should give them in detailed information because they face challenges, and they fail to overcome them. Furthermore students pointed out that they need additional specialist for teaching them the use of equipment like condoms.

4.3.2 Extra-curriculum Approach

The extra-curriculum approach is characterised by variety of activities organised by teachers, pupils or NGOs. The evidence indicates that HIV and AIDS related extra-curricular activities play an important role in complimenting the formal curriculum, but also providing avenues for a more participatory learning process (Kauzeni & Kihinga, 2004). In my study, Femina clubs activities are one example through which students supplement HIV and AIDS education they get in the classroom sessions. The major objective of establishing clubs is to use peer educators to impart knowledge on life skills, HIV and AIDS to facilitate communication skills at schools. Also in these activities a lot of issues, are discussed the students who are involved gain more knowledge. Secular number 3 (MoEC, 2000, 2005) emphasized on the establishment of the clubs at schools. The schools in this study opened up femina clubs in 2005. The clubs are organised in a form of schools health club, schools environmental club, and life skills discussion club. The facilitator of the clubs activities are matrons or patroness teachers. This was appointed by the schools administration. The finding from my study showed that the clubs are initiated by femina news hip hop organisation and this organisation supply femina news papers after every three months.

Despite the guidance from the secular are emphasized cooperative between the district education officials and schools, the district education officials were not involved in the establishment of these clubs as it was instructed in the secular. Therefore the schools have to run these clubs by using their own funds from the schools project. The respondents in visited schools said that they are engage in different activities in relation to HIV and AIDS. They organize timetable for each week, to facilitate teaching of HIV and AIDS, and health related issues, within the clubs. They also organised songs, drama, plays based on their perception. Those are presented to the school community by members of the clubs. Also NGOs take an active role in health activities connected with schools through working together with teacher's particular schools during schools time, or using the schools simply as an entry point, or meeting base for extra-curricula activities.

Teachers pointed out that students are gain from these clubs through getting through that information on HIV and AIDS, constructive ideas, cooperate together, by involving students from different classes. Thus, the club give students an opportunity to learn from each others, which turn the decline in the exchange on love letters among the students for instance. This approach has strengths in two areas. First it helps to support schools guardians (Kauzeni & Kihinga, 2004). Second it help youths, being participate in different activities which accelerate the shaping of an individuals personality of an, through giving psychological and emotional support. In Masala there were about 50 members of femina club out 502 students and in Masahibu the members of the club are 30 out of 310 students.

Furthermore, teachers and student informants reported that there were few participants who attended in the activities organised by clubs. The poor attendances were contributed by the fact that the clubs activities are conducted after classes, the time which they have other task to do. Specifically teachers and students of rural day schools they work at the garden and do houses work after class hours. These made it difficulty for them difficult to go back to schools for clubs activities. Furthermore, teachers pointed out that they face fund problems for club activities such as visiting other schools for exchanging ideas, through organise, drama, debate, essay competition and inviting experts.

4.4 Policy Issues

In this chapter, policy issues and how they influence HIV and AIDS education in secondary schools are discussed. Insufficient teacher training, teaching methods and aids, teacher pupil

ratio, deployment of teachers, teaching and learning material will be elaborated below.

4.4.1 Teacher Training on HIV and AIDS Education

Training of teachers in any subject and on HIV and AIDS in particular, is important for an effective leadership role, stable and comfortable leadership role so as to ensure the educational objectives are being achieved. The delivery of education depends on the quality and capability of the teachers. Mosha (2004) asserts the key attribute of the quality of the teachers that are sound subject mastery which means that a good teacher can not teach what he/she does not know. Teachers require knowledge of psychology that will enable them to gain an understanding of how students learn and to recognise that all students have different capabilities to learn. Also, to have an ability to entwine knowledge with practical to bring about desirable learning by planning the lesson carefully; selecting appropriate materials; making goals clear to the students. In addition teachers need to simplifying the presentation by using real life experience in order to make learning simple, kindle curiosity, ignite interest and win appreciation of the subject. Teachers should have intellectual skills for life-long learning that will enable them to become better informed, analyse and synthesis the challenges than describe and initiate change within the classroom as well in schools.

In light of the above criteria, the quality of education are related to the quality of teachers who are equipped with training skills that will enable them to handle and manage different issues, be well understood by students, meet the demands of the students, have a good relationship with other stakeholders in relation to HIV and AIDS education, and be confident in utilising the available resources, and instructional materials (Mosha, 2004). Although teachers training are crucial, the findings from my study revealed that there is insufficient training of teachers on HIV and AIDS education. This was confirmed by one educational officer from Tanzania Institute of Education (TIE) who stated that:

It is very surprising that in March 2006 when we organised a workshop at Tabora, one teacher was appointed to teach, on sex and sexuality, at the end of the lesson we realized that the teacher failed to deliver the content in a proper way (interviewed 12.7.2006).

When asked what was wrong in connection to presentation, the presenters (the appointed teacher during the workshop in Tabora) said that “I had never attended even a short course on how to deliver content for the last 15 years of my teaching professionals. Therefore I fear that my knowledge is outdated”. This statement shows that the poor demonstration by a teacher was contributed by lack of proper previous pre- and in-service training. Many people

think that once teachers have obtained their college certificate/diploma or university degree, they are good enough to teach for life (Mosha, 2004). Pre-service training offers an excellent opportunity to shape the thinking and the styles of teachers before they enter into the teaching profession. However, HIV and AIDS are not always covered at this level of training. An officer interviewed at TIE argued that teachers have the potential to roll back the epidemic, but yet their training on HIV and AIDS education takes place slowly to reach to the many teachers. Also, the official confirmed that there are few and a short programme to equip teachers to deliver the new curriculum in which HIV and AIDS is infused in schools. This leads to an inadequate handling of sexuality as well as HIV and AIDS education issues in the curriculum

In July 2004, the MoEVT attempted to train about 1,300 heads of secondary schools and 1,460 teachers and 80 college tutors who teach the subjects which contain HIV and AIDS contents including biology, civics and general studies. These numbers are too few to make an impact and to meet the demand of delivering the education (Kauzeni & Kihinga, 2004). The official continued to say that those few selected teachers per school were also required to provide such training to other teachers in their respective schools. Furthermore, the TIE officials noted that the ministry has realized that it is important for teachers to be prepared so as to be able to deal with difficult situations in the classroom, and feel confident to teach HIV and AIDS education and other issues of sexuality. The problem lies in the lack of funds to facilitate scaling up teacher training across the country.

In light of the above views, TACAIDS (2003) noted the challenges faced by the education sector, including the fact that there are still many barriers among teachers and parents which prevent the scaling up of educational activities related to sexual issues in schools. Sumra (2005, p.19) noted that.

Walimu ambao wana kazi kubwa ya kufundisha, wanawajibika kupatiwa mafunzo mafupi kazini, ili kuweza kuendana sawia na mabadiliko katika sekta ya elimu na kubadilishwa kwa mitaala mara kwa mara.

Translation: teachers who have large task of teaching, are supposed to get short training, so that they can cope with the changes in the educational sector and the frequent changes in the curricula.

A similar view has been noted by (Mosi, 2004) who argues that there are few teachers having training. Lack of involvement of teachers and theoretical tools to address HIV issues such as content in classroom, material and financial resources to cater for HIV curriculum implementation contributes to failure of HIV and AIDS delivery. In Boler et al (2003) hold

the view that the efforts classroom are severely hampered by oversized classes, overstretched curricula, the dearth of training opportunities and learning materials.

In my fieldwork, I solicited views and opinions from teachers training carrier subjects of HIV and AIDS contents. I interviewed heads of the secondary schools and teachers who teach the carrier subjects: civics and biology. The head of schools pointed out that, the purpose of conducting training, seminars and workshop is to facilitate the effective monitoring and implementation of AIDS education in schools. All heads in Masala and Masahibu secondary schools concluded that teacher need proper preparation through both pre-service and in-service training. It has been emphasized that the pre-service setting offers an opportunity for future teachers to explore their own beliefs concerning these topics, while in-service- training allows those already teaching to assess their views and increase competence and confidence (Traore, Finger, Ruland, & Savariaud, 2004). This also helps teachers to be equipped with knowledge and skills that enable them to feel comfortable, to have confidence to talk and teach the issues related to HIV and AIDS in schools.

The arguments from heads on the majority their staffs not receiving the training in new cross cutting subjects such as HIV and AIDS, gender and the environment, was attributed by the fact that in Masala and Masahibu secondary schools only 13% of teachers had attended seminars. These were mainly teachers who teach civics, biology teacher and the head of the schools. In addition the head pointed that though the government has made this initiative, they provide it in a short time, and they assume that all teachers are automatically capable of teaching the newly introduced subjects. The headmasters also added that the implementation on HIV and AIDS education in schools are hampered by challenges such as, a tight school teaching timetable and lack of technical staff to demonstrate the condom issue to our youths.

In interviews with teachers in both schools who have attended the HIV and AIDS seminar they claimed that although they have received the training, it was inadequate to equip them in delivering the curriculum content. The seminars were conducted in three to four days, and in their view the seminar timetable are very tight and run from morning to evening. Due to that short time allocated for seminars they fail to gain important knowledge and skills. This was confirmed with one teacher who said that:

I have attended the Action AIDS seminar in August 2005 but the discussion on how to handle the challenges youths face in their daily life was not enough to me to impart appropriate knowledge and skills, also I was supposed to transfer the knowledge to my fellow staff but it is difficult to interfere the

timetable of every teacher. The program is conducted as a crush program (interviewed 13.7. 2006).

This statement implies that there is insufficient teacher training which affects the implementation of HIV and AIDS activities. One author argues there was little time allocated to the training of teachers (Rutakymirwa, 2004). Most of the teachers interviewed, pointed out that the program for in-service training was too short to cover the content which is supposed to be taught in all HIV and AIDS topics. They lamented that the seminars for two or three days are piled with a number of topics to be covered, thus made them fail to accommodate all intended content within that period. In addition, some teachers during the interview pointed out that there was bias in appointing teachers to attend seminars. It was discovered that in one of the schools visited, some teachers had attend more than three seminars while some teachers had attended none.

One of the student teacher at Makome teachers college revealed that they get HIV and AIDS education in General Study subject as a general knowledge. The interviews illuminate that, majority of teachers had not acquired appropriate training and most of them learn on their own. Lack of proper training on HIV and AIDS may contribute to delivery of poor and incorrect information to students. Therefore, the ministry officers and other stakeholders should consider teachers training issues as important for professional development. Proper training will promote teacher to use appropriate teaching method, such as participatory method instead of lecture methods. Teacher training is likely to improve the implementation of education by raising awareness among teachers, about the HIV and AIDS problem and the importance of responding to it (Mathew, Boon, Flisher, & Schaalma, 2006). This will help to equip teachers with different skills and facilitate easy communication with students on issues which seem to be difficult. Furthermore, all teachers should be equipped with enough knowledge and skills that will help them in addressing HIV and AIDS education. This was emphasized with one respondent who claimed that civics has is no specific who specialized teacher like in others subjects. As a result training of all teachers is important so that any teacher can teach civics because in the college it is taught as general knowledge.

Effective teacher training will contribute to cooperation, coordination, free communication between teachers and students and incorporate the HIV and AIDS activities in schools. It could enhance teachers' classroom management skills and consequently create a positive learning environment. Though training is required to involve all teachers, it is good idea to employ a screen or self-selection procedure for teachers. Those teachers charged with the

responsibility of HIV and AIDS education activities in schools like patron/matron club coordination, facilitate training in schools. Implementing and planning of HIV and AIDS activities in schools are handled by the patron/matron of the clubs while headmasters are monitoring the whole school activities. A discussion with the official at the department of curriculum of development revealed that HIV and AIDS have been integrated in to all Teachers Collage as a cross cutting subject in psychology.

4.4.2 Deployment of Teachers

Teachers in many African countries are employed straight from teachers colleges or universities. Tanzania, like other countries, faces a shortage and unequal distribution of teachers in some regions, district and schools. Since 2002, the Ministry of Educational and Vocational Training has made efforts to train more teachers and upgrade teachers under the Secondary Development Program (SEDP). The pre-service training has been changed from two years to one year program. Despite recruiting more teachers, redeployment and reallocation is a common trend within the teaching force. This means that recruitment of teachers is not matched with the increase in student enrolment, counselling, health education and reproduction. This was confirmed by the Headmaster of Masahibu secondary school who said that:

It is about four years we are facing a problem of female teachers in our school, yet our school is a mixture of boys and girls. Female teachers just come here to report and they never come back. To fulfil that gap we have forced to select one girl to act as a matron and handle girls' matter in our school (Interviewed, 26.7.2006).

While in Masala secondary school the head responded to have both the mixture of female and male teachers.

Here we have both female and male teachers, the number of female teachers is exceed male teachers, there is about 17 female teachers and 10 male teachers. You know here is closer to Dar es Salaam so after school session, teachers can take a bus and go back to their respective residences (Interviewed 13.7.2006).

This indicates that the male teachers dominate the rural and remote schools. The schools in urban and peri-urban areas tend to have more females teachers than males while in rural areas have few or none. Sumra contend that a typical teacher in a remote area is male while in urban areas it is a female teacher (Sumra, 2005). One of the reasons behind this is the fact that many female teachers are unwilling to go and work in difficult remote areas where

getting adequate housing, water and basic necessities such as health care and other social services is difficult. In the context of the implementation of HIV and AIDS education it creates difficult situations, in the fact that concentration of more teachers in urban areas which creates heavy loads for rural teachers. This may result in low quality education and hinders other extra-curriculum activities which have been planned by schools like guidance and counselling specifically to the serious sick students in response to HIV and AIDS diseases.

The headmaster of Masahibu secondary emphasized that at least one female teacher is needed at his school, who can occupy the position of matron to help handling female students' issues. Therefore to fulfil that gap the ministry should have an evaluation every year (clinical supervision) to balance the problem of the teacher shortage by providing incentives, decentralize the appointment of new teachers to the regional district education offices. The incentives and enthusiasm need to be developed to attract teachers, especially females to work in difficult regions, districts and schools.

4.4.3 HIV and AIDS Curriculum and Availability of Teaching Materials

Obanya defines the concept of curriculum either as a package of what is to be taught and learned or as a process of translating national educational objectives in to schools (Obanya, 1995). This is a body of knowledge of subject matter set by teachers for the students to cover. It also includes all experiences that bring about permanent changes in the students behaviour for improvement in schools and the community. Therefore we need curriculum that enables the society to face the challenges in the current world whereby children cannot grow without appropriate knowledge of HIV. Obanya asserts that the curriculum reform and innovation should respond to specific societal and psychological needs that involve the nature of the society and nature of the learners (Obanya, 1995, p. 3). Therefore, the curriculum should be planned, developed, implemented and evaluated. Every curriculum should be an emanation of national educational policy and include work related educational formulation and analysis.

In order to accommodate HIV and AIDS contents, MoEC has reviewed syllabi and structured the curriculum to take up viable elements of cross cutting issues such as HIV and AIDS, environment, gender civil rights, and health habits (MoEC, 2004a). The objective is to control the spread of HIV and AIDS among students in secondary schools, to create

preventive measures against the spread of the epidemic. In addition to that the ministry has provided circulars, guidelines and directive on how to address the new syllabi in secondary schools. When talking the curriculum delivery content, there is a need to consider the teaching and learning environment, language issues, availability of learning materials, teaching aids, timetables, teaching methods and teacher teaching loads (Galabawa, Lwaitama, & Senkoro, 2000). However, the effort of mainstreaming HIV and AIDS, sexual and reproduction health, and life skills education in the schools curriculum should not be considered only during spare moments in biology or social studies lessons.

The study revealed that curricula and syllabuses used in schools are examination oriented, that means more emphasis was placed on preparing students to pass the examination and get through to advanced level or university.

4.5 HIV and AIDS Content Delivery

The curriculum delivery content, there is a need to consider the teaching learning environment, language issues, availability of learning materials, teaching aids, timetables, teaching methods and teacher teaching loads (Galabawa, Lwaitama, & Senkoro, 2000; Osaki, 2004). This will be discussed in detail below.

4.5.1 Teaching Aids

The presence of teaching aids is important for both students and teachers because it facilitates the whole process of teaching and learning. Teaching aids can be audio such as the radio, or visual, including charts, blackboards, posters, flipcharts, papers, and video cassette. All teachers acknowledge and appreciate the few books and other resources from the ministry. Teachers have also concentrated on reading guidelines, circular and directive so as to gain a clear understanding on what is needed to be taught, and preparation of the lesson plan.

However, not all schools are equally equipped with the resources; this was confirmed by one teacher at Masala secondary school who pointed out that they receive some extra teaching aids like posters, brochures, radio, tapes and video cassette from the main district hospital as well as from other organisations which help them to get some important information in relation to the lesson and teach the subject effectively. While in Masahibu secondary they only rely on the resources from the ministry as one teacher who respond by

said that “In 2002 I had attended a seminar on HIV and AIDS education, at the end of session he was given the video tapes on Zawadi and Dhoruba”. This aimed to facilitate HIV and AIDS teaching and learning yet there was no television and electricity. In addition to that the headmaster reported that though we prefer to use the video tapes it is difficult and not suited to our environment where infrastructure is poor.

Therefore, the teachers have no other option but to utilize the little resources they have. Malambo (2006) contends that teachers in general often complain about receiving the materials, which they do not know how to use. Some studies conducted in Tanzania argue on the access of teaching resources. The studies found that students in urban or semi-urban settings were more well equipped with a variety of additional teaching and learning materials (Bastien, 2005; Boler, Adoss, Ibrahim, & Shaw, 2003; Lungo, 2006; Rutakyamirwa, 2004). This help them to get extra knowledge about HIV and AIDS education by being conveyed in mass media, like television, newspapers, magazine, leaflets, brochures, posters and community education programs. The students from rural settings have limited access to information and services which may increase the risk of being infected. The study carried out by Boler et al. (2003) argues that there are striking differences between urban and rural, because the respondents in rural areas reported having less knowledge of HIV and AIDS education than their urban counterparts.



Figure 4.2 An old man attempting a student girl

The picture at Masala Secondary school revealed that there was an uneven access of teaching and learning materials. As I have discussed earlier, most of the NGOs are concentrating in developing materials which are available and applicable in urban areas and not in rural area as it is shown in Figure 4.2. Also some NGOs take an active role in health activities connected with schools. The inadequate provision of teaching and reading materials is a barrier to the implementation of HIV and AIDS education in secondary schools.

4.5.2 Teaching and Learning Methods

Teaching and learning methods are key component in facilitating the delivery of HIV and AIDS education in secondary schools. Effective teaching and learning are achieved through a variety of techniques or approaches of teaching (Anyigulile, 2004; Osaki, 2004). The observations and interviews in my study revealed that in teaching biology and civics the lecture method dominates during the lesson. I observed a teacher teaching where by the teaching methods were typically depicting a talk to chalk approach. During the lesson the teacher talked for almost about twenty five minutes without the interacting with learners.

Thereafter learners were given an exercise which they answered by themselves individually without communicating with other fellow students in a classroom. This work was to be done in ten minutes to finish the allocated time for that particular lesson. Within the first five minutes the learner were quiet afterwards they started whispering and then asking questions, because they were not sure of what was required them to do. This made the teacher to repeat the explanation and emphasize some sections but not all learners understood. Most of them were totally confused and they asked assistance from to their fellow students in order to understand what the requirements of the exercise are.

Furthermore, the interview with teachers in all schools on the teaching methods revealed that allocated time for teaching HIV and AIDS is too limited to accommodate peer-group discussion and counselling. As a result teachers generally speak and give students questions to answer. This was elaborated by one teacher at Masala secondary school who said:

As we told you before, the HIV and AIDS topics within the syllabus are regarded like other topic, therefore teachers are supposed to cover the whole syllabus in a time. The same applies in other subjects that we are entitled to teach. We are mainly teaching through lecture method, question-and answer session, as well as writing sentences on blackboards for students to copy. However with these methods we get more involved in theory than practice (Interviewed, teachers 13.7 & 26.7.2006).

The statement above shows that time is too limited to accommodate peer – group discussion, counselling, and to have a special day for HIV and AIDS in schools, teachers generally spoke and commanding students to answers questions. There was rarely a mutual exchange of views and experiences, rather the teacher provided knowledge and students received what were said (Plummer et al., 2006). Similar views were expressed by Rutakyamirwa (2004) who argues that the reasons for using non- interactive methods of teachings were associated with acute shortage of teaching and learning materials, poor training of teachers, oversized classes, and overstretched curricula. The teaching and learning process needs to be transformed to become participatory, interactive, gender-sensitive, and child-focused in safe and supportive school environments’ (Sumra, 2005).

There are several micro research studies in government schools showing how teachers used poor teaching methods. As a result interventions shows that many teachers and principals should be effective in improving teaching methods but in practice. They either lacked materials or supports in their working environments which lead poor implementation of HIV and AIDS education at schools (Ahmed et al., 2006; Traore, Finger, Ruland, & Savariaud, 2004).

During my study, in the focus group discussion students pointed out that that generally when teachers teach HIV and AIDS they fail to give open explanation. One male student at Masahibu secondary school said that:

“Unajua walimu wanapofundisha hizi mada za Ukimwi, afya na uzazi mara nyingi wanatumia misamiati migumu. Halafu wanaongea kwa kificho”

Translation: You know when teachers teach HIV and AIDS topic, health and reproduction they always use difficulty vocabulary. Then they talk in a secret way (Interviewed, 26.7.2006).

Similar views were reported that sexual reproduction in the biology subject is taught in a certain ways that are not transparent on the important issues (Basherewa, Mlawa, & Nkebwa, 2003; Bastien, 2005; Boler, Adoss, Ibrahim, & Shaw, 2003; Rutakyamirwa, 2004). Teachers avoid direct mentioning and definition of sex organs and sexual acts. The HIV and AIDS, STIs and life skills education delivery system are treated as topics in the syllabi of carrier subjects. This is associated with previous teacher training and cultural background. Good training of teachers will help to build their capacity in teaching HIV and AIDS education in schools. Also this will give them comfort of incorporating and accommodating varieties teaching methods in relation to health education, life skills and reproduction.

In all two focus group discussions with students, the study revealed that most of them preferred peer group discussion in school activities. The reason of selecting that method was that students felt free to discuss the matter related to sex in absence of teachers. In addition, these methods emphasize participatory, student-centred on the activity based on HIV and AIDS education rather than non participatory approach. Student-centred and participatory methods give them an opportunity to explore and acquire health promoting knowledge, attitude, and values. Thus, enables them to practice the skills which help them to avoid unhealthy and adopt sustainable healthier life style. This was confirmed in all two focus group discussions where one male student at Masala secondary school said that:

You know here some teachers are cruel and harsh to us, sometimes a teacher can decide to beat up a student without any reasons, and most of them come to schools while they are angry. During a lesson within a classroom, all students are required to stand up while the lesson is continuing; the one who provide a correct answer is the one who seat. The one who does not a correct answer stand up until the end of the lesson. In short some teachers have conflict with us (Interviewed, 13. 7. 2006)

One girl said that:

The situation becomes worse for girls than boys, here some of male teachers have a tendency of falling in love with some girls, when the girl accept it the learning environment becomes peaceful. But

if the girl refuses she ended up with harassment especially during the continues character assessment or during the school parade the teacher can create any stories so as to shame the girl in front of all other teachers and students(Interviewed,13.7.2006)

The students also pointed out that teachers fail to act as good models in front of the students. Therefore their (teachers) own sexual behaviour serves as a barrier to the dissemination of HIV and AIDS information at schools. Corporal punishment creates fear in the students. In addition to that demoralize the students even if they have good ideas on the establishment of the extra-curriculum activities and open up the discussion in relation to gender, environment and HIV and AIDS at schools or out schools youth they become reluctant and embarrassed. Furthermore the public secondary schools are mainly associated with acute shortage sufficient classrooms, furniture and textbooks (Mashashu, 2000; Mhagama, 2002). The classroom overcrowded, teaching methodology is authoritarian where teachers are the source of the information where by Freire (1970) criticised for denying the person autonomy of others by imposing a world views onto others call it Banking concept of knowledge.

My study it shows that in schools students are suffering from the sexual harassment is common to students which includes, physical and psychological torture and girls are suffer more than boys. The similar view by Brock-Utne (2000) argues that the parents of the Bushmen children in Namibia were reluctant to send their children in schools because in schools they practice corporal punishment which is against to their culture (Brock-Utne, 2000). The study by Plummer *et al.*, (2006, p.11) also noted that as a result of corporal punishment, students reported to dislike school because some teachers use verbal disrespect or abuse to students. This study also observe some teacher using fun name to the students fore example they call female students as “wasimbe” which is a disrespectful term for women. The abusive actions from teachers create barriers, harms to the potential of HIV and AIDS education in schools by modelling inappropriate behaviour, by instilling fear and distrust to the students. Therefore the use of student-centred and participatory methods give them an opportunity to explore and acquire health promoting knowledge, attitude, and values. Thus, enabling to practice the skills which help them to avoid unhealthy and adopt sustainable healthier life style.

During the interview with one male teacher at Masahibu secondary, on the students-teachers relationship at school, he had this to say:

It is a tendency of the student to blame the teachers; usually we are here to help them so that they can accomplish their studies and become good members in their society. However some times other

teachers can harm the students but it is not their intention is a way of disciplining the students so that they can follow the schools rules and regulations (Interviewed, 26.7.2006).

This statement implies that teachers hide the reality, by trying to defend their mistakes. He also pointed out that teachers use cane and physical punishment so as to solve disciplinary problems. Teachers think that they are doing well when punishing students. However, they are afraid to speak the truth, like on those issues because they will cause trouble, problems between them and society. The corporal punishment is a barrier in the whole processes of delivering HIV and AIDS education in secondary schools. During the focus groups discussion students were free to explain, due to that it made me to realize that some teachers are practice corporal punishment like caning and use of physical punishment such as manual work to students at schools. Therefore there is a need to create security and comfort, harmonious circumstances, specifically to girls, and open up the trustful relation between teachers and non teaching staff in schools so as to achieve all the mission of providing education. Other authors emphasizes that teacher should create a safe environment for students so that they can learn comfortably (Traore, Finger, Ruland, & Savariaud, 2004).

MoEC (2005) direct and explain the imperative issues concerning corporal punishment, that only headmaster/headmistress may administer corporal punishment. If the other teachers want to punish the students the permission should be obtained from the head of the schools. The act states that boys may be beaten on the back, while girls can only be beat on the hand. The punishment should be signed by the head of the schools and punishment should be recorded and written in the book. In reality the ministry prohibit corporal punishment, but some teachers regret that they practice it, without even asking permission to the head of the schools. Teachers believe children in this generation are cruel and without caning them, they may not pay attention to them. The teachers also argues that through home *magenge* or *vijiwe* means (peer group pressure) students are tempted to use illegal drugs like marijuana, cocaine and alcohol resulted to HIV and AIDS infection. Therefore to maintain the discipline matters like those teachers are forced to use stick.

At the Teachers college, the interview with student- teachers was more positive towards a participatory way of teaching than the lecture method. They pointed out that the approach helps learners to be active and creative, it also give learners a chance to explore the problem and allow interaction between teachers and learners. However, on the other hand they conclude that to use participatory methods is sometimes difficult with an overloaded syllabus; it will take too long to accomplish the task. In short, participatory method is time

consuming especially in acute shortage of the teaching and learning materials at schools. They pointed out that they realize that situation during teaching practice. Osaki (2004) contends that the reason for teachers to loose confident on the full utilization of the methods of teaching was due to the poor pedagogies, insufficient of academic ability and lack of the practical experience.

Osaki (2004) criticizes the “crash programme” for training licensed teachers. These are form six leavers who have been given few weeks training and sent to schools to teach. Also Osaki (2004) noted that about 615 licensed teachers are already in schools, given that the majority of form six leavers getting division two and above have found a place at universities, these licensed teachers are likely to have fairly low grade. Therefore with this few periods of training teachers will not be capable to handle an important concern with learners’ psychology. Also pointed out that due to insufficient training during the pre-service, teachers are just lapsed on choosing the didactic method in order to maintain the control in the classroom and not to aid the learning process. In Malambo (2006) noted that, literature on teacher preparation for health education in developing countries is extremely limited. In addition, most of the countries do not include health education in the teacher- training curriculum. My study revealed that there was no special health subject but it was infused as cross-cutting within general studies.

4.5.3 School Teaching Timetable

The timetable in schools shows how the school day times are being utilized. The timetable governs what is going to be taught and at what time and other extra-curricular activities after classroom sessions. The results of my study revealed that HIV and AIDS education is not in the timetable as a separated subject; instead it is treated as a topic within carrier subjects that is biology and civics. Currently the curriculum content is overloaded in such a way that teaching of the HIV and AIDS topics are not complete. Teachers are supposed to rush so as they catch-up with the syllabus for the carrier subjects. In this regard, the timetable seems to be a barrier that hinders the possibility of having extra-curriculum activity in schools.

The interview with all headmasters at visited schools revealed that though they are supposed to monitor all extra- curricular activities at schools, the timetable was fully occupied with academic subjects. Moreover, they pointed out that the curriculum and syllabus used in secondary schools is examination oriented. Thus, teachers are to prepare the students to pass

examination for advance levels and university. They also added that if the school is not performing well academically for a certain number of years, the consequences of it lead the head teachers to loose their posts. They also complain about workload by saying that there are so many things to do, it become so difficult and our time table are so full that we barely have time for interventions. What we doing is to use allocated time for other subjects that we are supposed to be teaching. Therefore my study revealed that there was an absence of any special days for HIV and AIDS education, debates, puzzle, story telling, role-play, games and drama at schools. The consequence of this training approach is to dilute the whole aims of the providing HIV and AIDS education at schools.

Teachers also argue that they are teaching partially because they should cover a syllabus in relation to schools calendars. However, with the introduction of a revised national curriculum in 2005, many teachers felt inadequately prepared to teach the subject for which they received little training, resource and support (Osaki, 2004). The tutors commented that though they are equipped teachers with various skills, methods, but time does not support the implementation process at the college. What they do is to give also give them a general knowledge and they will gain momentum during the teaching professions.

4.5.4 Language of Instruction in Secondary Schools

In the delivering of HIV and AIDS education in secondary schools, the issue of the medium of instruction cannot be ignored. The language used is imperative in the transmission of knowledge and skills. Language enables teaching and learning processes to take place. However, several reviews on language issues argue that the education could be attained if teachers and students are familiar with the language which is used (Brock-Utne, 2003; Brock-Utne & Holmarsdottir, 2004; Senkoro, 2004). It is obvious that English is not understood by the majority of the students and create barrier to the transfer of knowledge. The data from studies discourage the reliance on rote learning which flourished exists and in African education. All studies emphasized that not only student lack the linguistic skills a and ability when the teaching and learning take place by using English language, but also happen on the side of the teachers. This is because teachers are forced to teach and learners to learn.

Based on my findings the use of English as the medium of instruction in the secondary school curriculum, leads to the production of students who are semi-literate and who can

neither develop their inquisitive- mind or cognitive task by using first or second language. Senkoro (2004) holds the view that curriculum delivery through a foreign medium of instruction encourages rote learning and reduces chance of life skills example HIV and AIDS prevention. This was confirmed during my observation when the teachers in two visited schools were teachers demonstrating a certain issue in relation to the topic; they try to ask a student “is it clear to you, are we together?”. When asked do you understand? The students answer yes, but when the teacher gives the exercise, the students fail where to start. Senkoro (2004) also assert that the use of English has negative impacts on the learning impact to secondary schools students.

One educational officer commented on the use of English as the medium of instruction:

The use of English as a medium of instruction in secondary schools creates a problem for the students, this language it is not spoken in their home or community. It is languages for academic, students apply it in classroom situation only. Specifically in the rural areas students come across with the English language at schools, without any additional of English classes, reading books, and practices to increase their English vocabulary (Interviewed, 10.7.2006)

The teachers at Masahibu secondary school also they have this to say in relation to the language of instruction:

In our schools we put announcements in every corner all students should speak English. Students face a barrier on the language of communication in the classroom since they do not understand English. However they are not dull but they fail understand English. Sometimes students are forced to use what we call “kiswenglish” which means that they mix Kiswahili and English so as to facilitate the teaching and learning process. But during the examination they are supposed to answer the questions in English (Interviewed, 26.7.2006).

The interviews and observations show that the use of English as a medium of instruction is a problem in secondary schools. Learners do not always understand what they are taught by their teachers. Poor levels of English inhibit the cognitive development of the learners as well as hinder the processes of acquiring knowledge (Brock-Utne & Holmarsdottir, 2004). In the transition from primary schools to secondary schools the medium of instruction changes immediately to English. In this regards, students have a very limited time to prepare to change from Kiswahili which they have been using throughout their primary schools cycle. Therefore the abrupt change of the language of instruction which is unfamiliar creates a gap in the implementation, of the life skills, health education as well as HIV and AIDS education in secondary schools. The use of foreign language as a language of instruction creates linguistic problems in African children as well as teachers, because instructions are

given in a language which is not normally used in their environment or unfamiliar to them. Therefore my study revealed that the issue of language has deleterious effects on learning and communicative competence.

4.6 Cultural Issues

4.6.1 Cultural and Social Influence

UNESCO asserts that culture is a broad term which comprises many aspects like traditional and norms of a larger society, ways of life, shared belief, values (UNESCO, 2005). Also culture involve representation of health and disease, perceptions of life and death, sexual norms and practices, gender and powers, family structures, language and means of communication as well as art and creativity. Based on that definition, it is clear that culture influence attitudes, belief and taboos to the implementation of HIV and AIDS education in secondary schools. In my study, teachers and headmasters revealed that HIV and AIDS education is not taught transparently and there is little references made to sex. This is influenced by the cultural background where in Tanzanian societies, in the past only elders and in private places were the one who provided sex and reproduction education to young people. Many teachers are accustomed to didactic styles of teaching, this is attributed by cultures norms where young peoples do not question adults or interact with them. Teacher's view on the teachers' ethics is that there should be a social gap between students and teachers. Also teachers believe that teaching students to the subject related to sexual issues would make them tempted to engage in sex. Introducing students them to the subject are becoming promiscuous, it is immoral and creates moral erosion (Basherewa, Mlawa, & Nkebwa, 2003; Jomo, 2006; Rutakyamirwa, 2004). Sexual related issues in Tanzanian societies are regarded as secret and private and are not taught in public. When it comes issues which touches sex organ, teachers are talking about it in a riddled way. This was confirmed by an interview with teachers, students, tutors, and parents.

In the interview with one female teacher at Masala secondary school, she responded that

You know here I act as a matron, at the same time my teaching subject is biology. During the present ation on sex, sexuality issues and reproduction in the classroom, I tried to put aside the culture issues and religious issues meanwhile the main focus on serving students life and prevent them from unhealthy sexual behaviour. However many people in the community find it difficult to discuss sex and sexuality because they feel embarrassed or uncomfortable (Interviewed 13, 7. 2006).

She is also pointed out that if we avoid talking with youths, who will be responsible to talk with them. In addition to that the level of sexual immorality is not the same like when they (teachers) were younger, things are changing so fast. Students need be guided on how to protect themselves from infection. Therefore, free discussion with students as teachers it show a sign of maturity and well it help to improve students' knowledge, attitudes and behaviours regarding reproductive health and HIV and AIDS education. Moreover, talking with students openly will help teachers to explore their own attitudes, values, and establish positive personal value system, and positive classroom environment (Boler, Adoss, Ibrahim, & Shaw, 2003; Traore, Finger, Ruland, & Savariaud, 2004).

The result of my study at Masahibu secondary school and Makome teacher collage revealed that culture and social beliefs are barriers in the implementation of HIV and AIDS education in school and college. Two male teachers and one tutor at Makome Teacher College all together expressed that the teaching of that subject is, ethically, socially and spiritually touches oriented. In Islamic religion for example, one man can have more than one wife, therefore it become controversial and complex at the level of individual as well as society level when taught to have one partner only. The teachers who comes from semi-urban and urban but they teach in the community said that they feared of being ostracized by their own community for teaching strange and abominable things to their children. Other teachers pointed out at this age students take things literally or you can not be sure of how they would interpret the lesson and what negative message it can bring to their mind. Other teachers feared of loosing respect from the student by thinking that students assume them will consider the as promoting or condoning sexual activities among the youth (Ahmed et al., 2006; Bastien, 2005; Oshi, Nakalema, & Oshi, 2005).

On the one hand, two male teachers at Masahibibu respond like that

Based on our cultural background the taboos and customs do not allow us to discuss sex and sexuality with student in classroom, we feel like abusing and embarrassed them. How could the society interpret us? They will think that the teaching is from own minds (Interviewed, 26.7.2006)

On the other hand parents stated that

Our taboos and customs do not allow an adolescent boys or girl to enter to the room where their parents sleep they can be allowed by special permission. Moreover we are not even allowed to discuss sexual relationship, like to ask the child who is your girlfriend or boy friend. We leave this responsibility to the people who are assigned to provide sex education like the grand-parent aunts cousin and uncles but not us (Interviewed, 26.7.2006)

The two statements implies that teachers and parents are not passing the knowledge as it is stipulated in the teachers guidelines as well as parents because of culture and social inhibitions. Oshi et al. (2005) in the empirical finding of their study, in Eastern Nigeria found that teachers are not willing to teach sex education as a means of preventing HIV infection because they are worried. Moreover, teachers they could not just embark on teaching sex education to young boys and girls because it would make them unabashed about sex and this may lead them in becoming promiscuous. The study also found that about 25% said they would overcome their personal belief and teach sex education but they feared prosecution by the parents and guardians of their students, which could lead to dismissal from their jobs (Oshi, Nakalema, & Oshi, 2005; Rutakyamirwa, 2004).

In emphasizing opening discussion with youths Mengi, the HIV commissioner from TACAIDS, argues that at poverty has a relationship with the spread of HIV infection (Kingwangallah, 2006; Sebastian, 2006). On other side, parents are reluctant to discuss with their children on changes which take place in their body for they fear it will attract the children to fall into sexual relationship at young age. In expressing that that Kingwangallah (2006) quotes Mengi by stating:

Tamaduni nyingi za kiafrika hazina kawaida ya kumkalisha chini mtoto na kumweleza mabadiliko ya mwili wake na changamoto zinazomkabili, badala yake watoto wengi wamekuwa wakipata taarifa kutoka kwa wenzao. Lakini kuna umuhimu wa kuwapa watoto mbinu ili waweze kuepuka vishawishi vinavyowavuta kujiingiza katika ngono” (Kingwangallah, 2006, p.3).

Many African cultures have no tendency of sitting down with children and talk about changes in their body and challenges which face them, instead of that many children’s get information from peers groups. But it is important to give children techniques so that they can avoid temptations which will lead them to become involved in sexual intercourse.

According to Kirangu (2001), one of the challenges facing many parents all over Africa in child upbringing is answering children’s question about sex. This are associated with many problems such as social cultural background, religious and beliefs. The similar views was found on the study conducted by (Boler, Adoss, Ibrahim, & Shaw, 2003) comments on the parents are often feel uncomfortable talking about sensitive issues with their children and particularly in India, the study reported parents were never discussing about sex or HIV with their children. Also parents perceived that the media as giving out harmful information messages. Consequently, the schools are viewed by the community as trusted and important place for young people to learn about HIV.

Also one female student at Masahibu Secondary Schools from the focus group discussions said:

Asking parents about sexuality questions is restricted, because by doing that may suspect me to have sexual relationship with somebody in elsewhere (Interviewed, 26.7.2006)

All statement implies that there was a problems, vagueness as well narrowness of communication on sexuality issues between adults, youths and society in general. In (Kajula, 2005) contend the views that there are challenges facing parents on the upbringing in answering children especially in answering children's question on sexuality. Parents were afraid of this because it would like giving their child tantamount, or permission to have sex. As a result parents pass the information in indirect ways through not talking about sex issues in detail and use vague words, they are explicitly on explaining. Fore example the study by Kajula (2005) noted that one parent use words like that "when you make love, and walk with a man you will get pregnant, AIDS and other infection disease" (Kajula, 2005, p. 43). This language seems to be difficulty to understand by youths.

Furthermore, a study conducted by Bashererwa *et al.*, (2003) reported that in Ludewa/Makete open discussion with children about sex was considered as a European culture that is opposed to African culture. But in most traditional African societies, the family, and community can provide immediate with information and guidance on sex and other related sexuality matters. It was a part of Africa culture to provide information about sex, this provision used to be formalised as a part of an initiation of adult role. Despite that, the discussion on sexual matter between parents and children were rare.

Therefore there is a need and it is important for the parents to be close to their children and give their children life skills education so that they can help them to handle their body, realize themselves and escape the desire and risk behaviour. In doing that will help to balance between knowledge which acquired and that acquired at home. Parents have been lauded as the first teachers of their children, because they know their children much better than teachers, as they have lived with them in a longer period (Hughes, Nash, & Wikeley, 1994; Steinberg, 1993). Parents are in a position to provide the most reliable information without separating the students from the education process. Furthermore the implementation of HIV and AIDS education should be conducted by means of partnership collaboration between parents and teachers. The sharing of information should also be encompassed with both parties by setting their opinion, concerns, and their concerns about students, resulting

into build confidence, competence and get skills that will help students to reduce risk behaviour.

4.6.2 Social and Religious Belief

In my study I found that religious beliefs were a challenge to the implementation of HIV and AIDS education in secondary schools. As I have stated in the previously chapters, the majority of Tanzanian teachers come from Christianity and Islamic backgrounds. This is a barrier in the sense that strong religious foundations which emphasized on abstinence from sex before marriage. This is in contradictions with advocating safe sex message through use of condoms as protective measure in HIV and AIDS education.

Moreover, the barriers of implementation are greatly related to gender, with female teachers and male teachers expressing their views differently. While male teachers pointed out that they feel discomfort when they are talking to female students, the interview with a female teacher at Masala secondary school expressed that she felt free and comfortable in communicating with students in the classroom. Moreover, she pointed out that she found herself play and perform a mother role in front of youths. The similar views were reported by Mathew et al. (2006) as the results of the study in South Africa, found that during 2003 where female teachers were more likely to have implemented the HIV and AIDS education in secondary schools than males (Mathew, Boon, Flisher, & Schaalma, 2006). The conclusion of the study based on the characteristic associated with teaching, previous teacher training, self-efficacy, student's centeredness, belief, controllability, the existence of school HIV and AIDS policy, a climate of equity and fairness and good schools and community relations.

Furthermore, ineffective communication of teachers is influenced by their own attitudes, feeling, beliefs, experiences, and behaviour regarding sexuality. The male teacher at Masahibu has this to say:

In our customs and taboos sexuality issues are regarded as privacy and thus are taught in private places. How I can be confident in talking about sex to young adolescent while it is strictly prohibited. I feel embarrassed with these sensitive issues, because female students, may court me on my weak point (Interviewed, 26.7.2006)

Furthermore, male teachers expressed that talking with female students about sexual matters will create misinterpretation or misconceptions of the contents. On one hand, this was generally influenced by the previous system of providing sex education whereby men

(Nyakanga⁷) teach boys while women (Kungwi or Somo⁸) teach girls (Basherewa, Mlawia, & Nkebwa, 2003). It also applies the same to the side of the teachers like any other adult; they find it difficult to address these issues with opposite sex. On the other hand, the study by Kinsman et al. (2001) holds the views that male's teachers are not comfortable because they fall under sexual relationship with female students. This makes them ashamed to teach the students about sexual issues, HIV and AIDS, meanwhile they are not acting as good role model. As a result, the consequence creates contradiction on content delivery. The similar views were reported that there were a tendency of sexual relationship between male teachers and girls' students (Plummer et al., 2006). Usually this relationship began when a teacher isolate a girl in his office or home where a girl had been assigned to do a certain activities such as choir.

Some of the teachers in this study argued that their religious denominations have very strong, rigid values, morals and beliefs. The teachers pointed out that open discussion are prohibited, especially with youths, because will corrupt them. In addition their religion does not allow the use of condoms for any purpose, even for family planning. The teachers pointed out that to open up discussion is prohibited, especially with youths, because will corrupt them; in additional said that their religious does not allow to use condom for any purpose even for family planning. Two teachers at Masahibu expressed that by saying:

We belong to the Roman Catholic church, talking about sex is sin. In Gods ten commandment it is clearly stated that one should avoid promiscuous. We emphasize on abstinence to youth we fear to talk about sex issues in front of students because our church will expel us (Interviewed, 26.7.2006).

The above quote show that, it is clear the African society specifically Tanzania talking about sexuality it is not a public issues and is regarded as private. This pose challenges to the teachers in providing sexual knowledge to the students. Apart from that teachers felt shy from teaching HIV and AIDS education in secondary schools, the community also is not happy to hear that their children are now taught sex education at schools. In Tanzania, it seems some of the churches like Catholic are against the condom use as the one of the alternatives to secure youths from infection. The Roman Catholic Church has been openly opposing the curriculum reform and cause a lot debate with the Ministry of Education and

⁷ Nyakanga refer traditional tutor or teacher who provides sex education in the society. Specifically involves brothers, uncles, cousin and grandfather from among of the relative and they are take their responsibility in the initiation ceremony such as marriage, circumcisions to the male adolescent.

⁸ Kungwi or Somo are also providing sex education to female teenagers, during marriage and traditional ceremony. These involve sisters, aunts, cousin and grandmother from among of the relative.

Vocational Training (MoEVT). Frank Jomo quotes the archbishop of Roman Catholic Church arguing that the introduction of the use of condom in schools, apart from being sinful, is opening the door for immoral lifestyles. Teaching children about the use of condom is disastrous (Jomo, 2006). Therefore there is a need for the policy makers and schools to develop good relationship with religious leaders in the whole process of providing HIV and AIDS education so as to avoid contradictions.

4.6.3 Student Confidence in front of Teachers

Students in the focus group discussion explained that they are comfortable when they discuss reproduction with people of their own sex. Female students pointed out that they feared to discuss sex issues with male teachers; because it might result to sexual relationship. It is revealed in other studies that there are problem of sexual harassment of students by teachers. There are many instances of teachers and students to engage in sexual relationship, which resulted in pregnancies (Kinsman, Nakiyingi, & Kamali, 2001). These attitudes of male teachers are often shaped by culture that promotes gender inequality or sexual harassment. Thus constitute the barriers on the provision of HIV and AIDS education in schools.

Moreover, students pointed out that they have little confidence in expressing sex related issues with teachers because they think that, teachers would not be able to keep secret what they have discussed. This affects the relationship between teachers and students in the whole processes of implementing curriculum in schools. In addition to that, students pointed out that they feel bad when they remember their lost parents and relative due to HIV and AIDS. They argue that they are unable to facilitate the discussion in classroom, due to emotional and psychological handicap. Rutakya mirwa (2004) hold the views that some time people are refusal and avoid coupling with HIV and AIDS status which hinders the open discussion. In addition school climate has an important influence on teachers and students (Steinberg, 1990, 1993). The students are motivated to the teaching styles that are supportive and fair. Students who participate well in schools activities believe their teachers are supportive and fair. Good peer relations are important bonds and create harmony that helps the students to accomplish their mission.

Therefore the planning of HIV and AIDS education in secondary schools should ensure that students are able to face both female and male teachers and discuss sex issues without

ending up in a sexual relationship. The establishment of counselling role for both female and male teachers and students should be encouraged to produce a more open climate to discuss the difficulties and protect students and school community from infection. Also plan should be geared to help the student who has experienced the problems of losing their parents and relatives and guardians, so as to empower them in getting involved in the discussion.

4.7 Economic Factors

4.7.1 Teaching and Learning Environments

Poor teaching and learning environments are other challenges that I found in this study. Conducive environment is crucial to facilitate the achievement of the educational objectives goals. Schools that are safe, pleasant have supportive working environments and have adequate social services are better able to attract, retain and motivate teachers. The schools that were visited have inadequate school infrastructure and lack facilities such as laboratories, library, desks, and other teaching materials. I have witnessed one small desk for one student, being shared by three students. One classroom was supposed to have 40 students but due to the shortage of classrooms, the class size was forced to have 60 to 105 students. At Masala secondary school one teacher in form two classes said that:

I have about 105 students in this class. Large class size makes teaching difficult because I have no time to attend all individual. Within the class there are faster learner and slower learner. Therefore, if the slower learners are not assisted, they get embarrassed and discouraged which result into giving up the lesson (Interviewed, 13.7. 2006).

Therefore, large class sizes are disruptive, and affect both teaching morale and learning ability of the students. Galabawa et al. (2000) argues that when you compare students from public secondary schools and elsewhere, public students are trained in poorly facilitated environment. In public schools there are no libraries and there is an acute shortage of textbooks to the extent that you can find one book being shared with ten to twenty students. This leaves the teacher as the sole source of information, and results in producing students with a limited scope of knowledge. On the side of the parents, they become discouraged because the competence outcome of these schools does not convince them to enrol their children to these overcrowded classes.

In every three months the Femina hip send some copies of femina news papers to the schools in order to facilitate HIV and AIDS education in schools. This copy is hidden

because there is no library for every student to access them easily. Moreover, lack of other social services such as poor roads and electricity is a problem in the provision of the HIV and AIDS education in schools. Some teachers find it difficult to live in these areas, specifically newly recruited female's teachers. This was confirmed by one teacher at Masahibu secondary school who said that "In 2002 I had attend a seminar on HIV and AIDS education, at the end of session the schools was given a video cassette of Zawadi and Dhoruba". This aimed to facilitate HIV and AIDS teaching and learning yet there was no television and electricity. So nobody ever watched it at school. Informants also reported acute shortage of housing for teachers as a barrier for the implementation of HIV and AIDS education. Specifically teachers from Masahibu secondary said that:

Though the ministry has made efforts to build houses for the teachers, we face an acute shortage of houses for the teachers. To get a house here is a long process; the solution is to rent from the house owner in the village. Based on our salary we select the one with cheapest price (Interviewed, 26.7.2006).

In light of the above views teachers are working in a very hard conditions, most of those who teach in town and rural areas are not provided with houses or substantial house allowances (Galabawa, Lwaitama, & Senkoro, 2000; Sumra, 2005). They live in poor rented houses where the atmosphere is not conducive for preparing classes. At the local level, the region and district authorities' teachers have shortage of houses. As a result, such level of administration cannot handle secondary teachers' problems. Secondary school teacher's problems are supposed to be handled by the ministry. However, it is not possible for all secondary schools teachers' problems to be taken care of in Dar es Salaam. Teacher do not get a timely decision as it often takes years to solve the issue and the consequence is that a teacher ends up frustrated. This in turn influences the whole process of implementing HIV and AIDS education.

4.7.2 Availability of Teaching and Learning Materials

The presence of teaching and learning materials is important for both teachers and students in the implementation of HIV and AIDS education in schools. From the interview with both education officers from the ministry, it was revealed that the ministry has taken the responsibility of supplying teaching materials for secondary schools. At the Ministry of Education and Culture, the departments of curriculum prepare all syllabuses. The department of secondary education have an HIV and AIDS coordinating unit which is responsible for

teacher directives, guidelines, circulars for teaching life skills, guidance, counselling and health and reproduction. However, one officer from the ministry acknowledged that the materials are not sufficient enough for teachers and students and there were only few copies for teachers and a shortage of workbooks for learners. In addition, the officer stated that:

Though the ministry has a responsibility of supplying teaching and learning materials all over the country yet it has succeeded to prepare only training manuals and guidelines for teachers. I regret that there is no extra copies for students (interviewed, 11. 8.2006).

Among the books which have been issued by MoEC was “Kinga” which means prevention to secondary schools, specifically for school health education, prevention of HIV and AIDS and sexually transmitted infection in secondary schools (MoEC, 2004a, 2004c). A total 48,000 copies of the training manual for HIV and AIDS have been printed yet more copies are required to supply the number of teachers in secondary schools (MoEC, 2004a). The Ministry has a department responsible for purchasing all books to be used in schools known as the Ministry of Education and Culture Strategic Plan (MOECSP). MOECSP is evaluating and buying books from publishers which are addressing the interest of the ministry. The overall education sector Education Management Information System (EMIS) is in place for monitoring and evaluation HIV and AIDS activities in the ministry. The officer pointed out that the department had not yet come with the report on how the teaching materials are effectively utilized, but it was hoped that the materials are in use. The sources of funds are from Tanzania Multi-sectoral AIDS Programme (TMAP) and Tanzania Government. The HIV and AIDS education donor support groups include UNAIDS UNICEF, UNESCO, CIDA, SIDA, and UNFPA.

The interviews with the students and teachers at schools, specifically the headmaster in two schools acknowledged that they had received a few copies of Kinga, circulars from the ministry as guidelines for secondary schools. In addition to that they get few funds from the ministry. The headmasters pointed out that the few copies which they have received are only for teachers. In each school there was one copy of Kinga for the headmaster office. Therefore teachers are supposed to borrow when their topic requires them to use some of the materials from the books. Also, during the focus group discussion with students, they acknowledge that there was absence of reading books and they get notes from teachers. In addition, Femina hip provides newsletters every three month as one of the materials used by the students. However, the copies were not enough to equip all students at schools. The students and teachers pointed out that there is a need for schools to have library so that it can

be easy to access and circulate the few copies to all students.

On the side of the teachers whose subject contain HIV and AIDS topic, they acknowledged the existence of the few copies of the books that were delivered in 2005 to all head of schools and which help them as guidelines. Four interviewed teachers expressed that when their topic is requires them to use Kinga they borrow it from the headmaster and they use it in their private time to prepare notes for students. Sometimes they are forced to use the public library. Yet for rural teachers it was difficult to access other sources of information and they mainly depend on the scarce resource from the ministry. Also, the ministry faces a problem of low capacity of educators and education personnel to deal with HIV and AIDS issues; poor coordination; and poor monitoring and evaluation.

In light of these responses, it is clear that the lack of teaching and learning materials is one of the common barriers in the information dissemination of the HIV and AIDS education in secondary schools. This was also found during the observation schedule where there were not any other extra materials to facilitate the whole process of teaching and learning specifically at Masahibu secondary school. Therefore, there is a need to motivate teachers and student to use all possible all schools avenues and other sources such as school “baraza” meaning council, notice boards, school assembly and staff meeting to circulate the information on the materials and documents that are available in schools.

Furthermore, in interviews and observations the study revealed that, different actors have got different views, opinions and perceptions on the utilization of learning materials. Some have it in positive perception while others have negative perception. This was confirmed by one teacher at Masala secondary school who said that:

With this generation we avoid being transparent, sometimes when we present some materials that touch sex organ, we are hiding sensitive parts which are directly focusing on sexual intercourse. When you talk about it directly students they are tempted to practice it (Interviewed, 13.7. 2006)

In addition to that one of the teachers at the visited schools showed me one copies of the Kinga guidelines with the information on safe sex. The topic consists of the practical part on how females and males condoms can be used. However, in frankly speaking with me the teacher told me that it would be impossible to expose such books and make it accessible to the students. The teacher also pointed out that in our culture this is not something to expose publicly, rather it is a private issue and there are specially people (traditional tutors) who are supposed to provide such kind of education in our society and they are respected. Through

that statement it shows that there are challenges in the implementation, because there was insufficient utilization of teaching materials, this was attributed by personal discomfort, perception, cultural and beliefs. The designing and implementation of teaching and learning materials on HIV and AIDS should consider demand of the society and other stakeholders. For example, if the doctors and local health educators are around they should be invited in order to get their inputs. In addition to that the materials should be reviewed by specialists on those topics, local district educators who have an experience on that area for the purpose of reaching in compromise. The HIV and AIDS lesson should be clear, concise, and provide the students with as much information as possible (Mosi, 2004).

CHAPTER V: Summary of the Findings and Concluding Remarks

5.1 Summary

This study has investigated challenges on the implementation of HIV and AIDS education in secondary schools. The investigation of the study covered the views of students, teachers, parents, educational officers, college tutors, and student teachers on the issue of implementation of HIV and AIDS education. The discussion was based on the findings from the interviews, documents review, observation and my own interpretations in relation to theoretical perspective and literature review. The findings from the fieldwork were introduced and discussed in the analysis chapter, chapter IV. The study also explored how these challenges hampered the delivery of HIV and AIDS education in schools. Although it is important to provide that education to youths, my study revealed that the HIV and AIDS education touches sex and reproductive organs which are regarded as sensitive topics for parents and teachers to openly discuss with children. Therefore, parents and teacher refrain from talking about it in details. The study illuminates reasons which hamper the delivery of HIV and AIDS education in schools as presented in separated heading, research questions and the objective of the study.

Based on the analysis and discussion of the finding, the study found that challenges teachers face in implementing HIV and AIDS education are of various categories: delivery content, policy issues, social and cultural constraints, and economic factors. The schools offer a suitable environment in targeting youth's programme on HIV and AIDS, but this study agrees with Plummer argument that, existing school based interventions on sexuality diseases prevention in Africa provide limited success to students (Plummer et al., 2006). I have found that the lack of openness made some teachers to omit some important information in their teachings contents and refer to HIV and AIDS related issues in an indirect way. This in turn make students to lack a vital information which would help them to deals with the different issues related to HIV and AIDS such as prevention, care, support and coping with HIV infection.

In this study the document review helped to provide valuable information that could not always be covered by the interviews. The respondents who participated in this study had different views and opinions regarding on how HIV and AIDS education can be addressed in secondary schools. Some of them have positive views on opening up freely discussion in

relation to sex issues. Others have negative views ideas and opinions in teaching the youths about sexuality at schools.

The study revealed that policy issues are among of the barrier on the implementation of HIV and AIDS due to the fact that, there is lack and poor coordination on HIV and AIDS education from the ministry level to the district level. This means that there is absence of hierarchy distribution of responsibility within the hierarchy. Furthermore, the policy is concerned with the teacher training and deployment of teachers. However there was little or no training of the teachers. Only few teachers in the visited schools have attended short seminars and workshops on HIV and AIDS education. They argues that the programmes are very informative to carter all teachers needs or insufficient for them, the useful information is omitted due to shortage of time.

The study also found economic factor as a barrier on the provision of the HIV and AIDS education in schools. Insufficient resources especially teaching and learning materials such as books, lack and poor infrastructures like in the absence of libraries to circulate few copies of books and funds to facilitate the provision of education are major bottlenecks. At schools level the study found that there is minimal provision of HIV and AIDS education. However, the ministry has incorporated the element/content in biology and civics, but the HIV and AIDS are taught and mentioned in briefly. Others activities such as clubs have a few students and teachers who have limited time to facilitate the activities as a result of tight teaching timetable. Furthermore, to run extra curriculum activities in schools requires funds. The absence fund made it difficulty to run these activities.

Furthermore under economic issues the study also found that the implementation of HIV and AIDS education activities is hindered by poor infrastructures that include poor teaching and learning environments. This is related to TTI, which highlight that the environment can influence teachers behaviour by either motivating or demoralizing teachers on the provision of education. The study found that in rural schools there are absence of additional teaching and learning materials as it was discussed in the analysis chapter. Copies of video cassette for schools are not applicable to such kind of environment where schools have no television and electricity. Teachers argue that they put the video tapes as decoration in the office instead of using them. The study also discovered that urban schools have access to other sources of information which is not available in rural schools. The study also shows that cultural, social constraints, religious belief and students' confidence in front of teachers are

barriers on the implementation of HIV and AIDS education in schools. Traditionally the discussion on sexuality education within school environments as well in the community in general is regarded as a private discussion. It is the cultures and norms of some tribes where parents are restricted to discuss sex issues with their children. This contributes to negative attitudes towards the school-based HIV and AIDS interventions. The study found that, such traditional thinking still persists as revealed by respondents of this study. Other adults fear to communicate with youths specifically parents, because they think that it would be like sexual harassment to them. Few of the respondents show a positive response on discussion on sex issues with youths. These are challenges to teachers during preparation, promotion and delivery of quality school health education programmes.

However, there is a need to re-think about the benefit of those taboos customs, and beliefs because the risk of HIV and AIDS infection which face the society specifically the youths is high. Furthermore, parents, teachers and adults need to be flexible in relation to their traditional, beliefs and customs because through education can act as one of the means liberating, providing concrete information and for problem solving to youths and society in general.

The study revealed that the HIV and AIDS delivery content was a challenges based on teaching aids, teaching methods, teaching time table and language of instruction. Specifically, on the language used in the classroom is English of which the majority of students do not understand. This creates barriers on acquiring knowledge. The teaching timetable was a problem in delivering the HIV and AIDS education as the time set requires teachers, to accomplish the schemes of work within specified time, they lamented. Therefore teachers are forced to summarise some important points on sex education so as to cope with time as a result of overloaded curriculum. These are obstacles on delivery of HIV and AIDS education. Furthermore, teaching methods was a problem on the implementation process because the dominant method used is teacher centred than students centred. Such methods are characterized with authoritative, boredom and leads to ineffective content delivery. Therefore, teachers should be creative in planning the HIV and AIDS programmes in order to promote cooperation between teachers and students during the class sessions. However, in my study the schools visited are experiencing shortage of teaching as well as instructional materials but the situation in rural was more serious as it shown in the analysis chapter. Thus create serious deficiencies in the provision of HIV and AIDS education to secondary

school student.

For the successful schools-based intervention related to sex education, the society must be geared towards breaking the vicious cycles which are associated with policy, economic, social and cultural issues and the problems of HIV and AIDS education delivery content in secondary schools. These should be accompanied by good communication networks between the educational practitioners at all levels of administration that is from the schools levels to the ministry level.

5.2 Triadic Theory of Influence and its Contribution

The literature review and empirical finding of this study shed light on the guidelines, in understanding the challenges on the implementation of HIV and AIDS education in secondary schools. However, Triadic Theory of Influence (TTI) has been rooted in western views of thinking. The empirical findings present a wide range of challenges in the implementation of HIV and AIDS education within schools as well at home. The theory can be applicable to African setting. These have been revealed by respondent during my fieldwork on the improper provision of education. The revealed challenges are similar to some factors within the TTI (Flay & Petraitis, 1994). The aim for connecting TTI and my research problem, and TTI help in zooming better the challenges teachers face and all on the implementation of HIV and AIDS in schools. The current challenges on the implementation which has been presented in other previous works include lack of transparency on the provision of education as a result of social and cultural background, improper training of teachers which leads to delivering inaccurate information students and scarcity of teaching and learning materials (Basherewa, Mlawa, & Nkebwa, 2003; Bastien, 2005; Kajula, 2005; Mosi, 2004; Rutakyamirwa, 2004). However, MoEC pointed out the efforts on the reform on HIV and AIDS education programmes such as life skills and establishment of Anti-AIDS clubs can be addressed at schools through both bottom up or top down models (MoEC, 2000, 2005). As it has been showed in the Figure 2.2 in the literature chapter, the top down models hinders the efforts of delivering of HIV and AIDS education specifically in the reporting structure and monitoring of activities in schools. Therefore, the ministry of education should integrate both top down and bottom up for successfully implementation so as to bridge the information gap to all stakeholders who are involved in the intervention processes. Stakeholders include headmasters, teachers, district educational officers, regional officers the educational officers from the ministry, and Non Government organisation. The

stakeholder together can facilitate the implementation, evaluation, coordination and monitoring of HIV and AIDS activities in schools.

Teachers play a major role in the successful implementation of HIV and AIDS schools – based programmes. My study revealed that there are problems of coordination, communication as well cooperation between schools and parents as it was stated in the MoEC circular number three (MoEC, 2000). The study also found parents felt shyness, difficult to communicate with their children on sexuality issues while they should be taught in schools. This shows that teachers act as central roles in the implementing and the effort in curbing the speed of HIV epidemic. However, in the empirical finding some teachers expressed that teaching that subject is difficult and regard subject as sensitive topic. These expressions are mainly associated with comfort, competence, cultural, values, and their belief background. Also others teachers argues that other problems which hinders the implementation at schools are associated with lack of communication between parents and teachers parents and their children in relation to sexuality issues. Moreover, the provision of teaching materials alone, are not help to equip teachers with skills to teach in confidently about HIV, AIDS and sex education they also need practical training and clinical supervision in the provision of education.

Therefore, using TTI theory in relation to the school-based HIV and AIDS education would helps teachers, parents and community in general to assess their social cultural, environmental and interpersonal background to facilitate the implementation at schools. In addition to that the teachers may apply participatory methods to facilitate the teaching and learning for teacher as well as students through allowing interactions from both sides (Freire, 1970). Through dialogues the learners are no longer listeners within a class, but active, critical thinkers on reality, core investigators in the discussion. There is an equal opportunity of participation to all actors in education and as a result no one will dominate the discussion.

However, the TTI has limitation in that the theory does not explain how policy issues influence the implementation of HIV and AIDS education at schools. But my study found that policy issues act as barriers in facilitating the education at schools.

5.3 Conclusion

The issue of addressing HIV and AIDS education in schools, have become a difficulty and critical to the teachers who provide education. The empirical finding from this study has

indicated that teachers seem to be shy in discussing HIV and AIDS and sexuality in classrooms. The study also showed that teachers and parents face challenges in overcoming and dealing with social cultural and beliefs in relation on addressing sensitive issues such as sexual moral to youths. Lack of teachers' training and short duration of training appears to affect the effectiveness of teachers in teaching HIV and AIDS education in secondary schools. Thus, there is correlation between duration of training and the degree of the content taught to students. The short term or one time training courses as it has been showed in my empirical finding by respondent are insufficient to provide teachers with confidence over the long terms. Teachers need periodic updates to reinforce learning and acquire new information and satisfy the ongoing needs of the students. Teachers who receive both pre-service and periodic in-service training are expected to have more skills benefited. Also teachers need to be willing, flexible, motivated to teach the sexual education and being trustful to youths. This will help both girls and boys in acquiring skills from the interactions with teachers of both sexes. Moreover, teacher's themselves must encourage to adopt zero tolerance policy to schools youths, so as to help students in approaching teachers and ensure that sex and sexual issues are openly and publicly discussed

In addition the policy has an impact on the implementation of the HIV and AIDS education in secondary schools. My study found that there is a gap between policy intent and practical implementation in the sense that there is scarcity of new learning resources among the visited schools for example basic learning materials such as books for students. This was confirmed by the teachers during the interviews as among of the barrier on the intervention. In promoting HIV and AIDS education there is needs for cooperation between the ministry of education, and schools, government leaderships commitment in exercising their position, responsibility effectively. These will improve sustainability, and ensure that the messages on HIV and AIDS are consistent across the country. Moreover support from school administration adds legitimacy to the HIV and AIDS education programs, increase teachers comfort, community collaboration with schools, also ensure that the contents are covered.

5.4 Recommendations/ Remarks

In this section, I present recommendations based on the described challenges on empirical finding obtained from the field work in Mkuranga district and from the ministry headquarters can be addressed as follows:

There is a need to promote school-based interventions by considering the environmental factors. Establishing a good environment in each school will help to promote the whole process of addressing HIV and AIDS education. These include building, good teacher resident houses and provide them with reliable transport like bicycles. Other social services specifically in rural areas are essential to motivate and encourage teachers to be attracted and work in rural schools. These can be facilitated and be monitored by good communication networks, rigours evaluations between, regional, district and ministry level.

The link between schools and community are important to facilitate parent- teacher association, school-home liaison towards the provision of HIV and AIDS education. Furthermore teachers should act as positive role models, the ministry and legal systems have a responsibility to ensure that all teachers who are found to have sexual relations with students are prosecuted from the teaching professionals. In addition to that, teachers unions should emphasised and encouraged teachers to show zero tolerance towards sexual harassment in relation to students in schools. Zero tolerance refers a guidelines or policy which required teacher to create safe environment for students to learn in peaceful way. This also help teachers to communicate clearly what is expected, and prohibit a silent behaviour among student and teachers

This study has used small scale case study, therefore the study recommend on the need of more large scale study on this area. Qualitative methods of gathering data are the mainly methods used in this study. Therefore it might be good if the quantitative method like questionnaire are applied so as to explore and utilize large samples of schools and districts be used. Similar studies could also be done for advanced secondary schools level of education as well as private secondary schools in both rural and urban areas. In addition the study may be conducted in more teachers training colleges to see if teachers are being prepared enough to cope with the everyday changes and whether the syllabus they are using is enough to facilitate teaching of HIV and AIDS education in secondary schools.

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Appendix I: Syllabus

CLASS	TOPIC	SUB-TOPIC	SPECIFIC OBJECTIVES	TEACHING/LEARNING STRTERGIES	TEACHING/LEARNING RESOURCES	ASSESSMENT	NO. OF PERIODS
FORM I	3. HEALTH AND IMMUNITY	3.2 Personal Hygiene and Good Manners	<p>The student should be able to:</p> <ol style="list-style-type: none"> 1. Explain concepts of 'Personal Hygiene' and 'Good Manners' 2. Outline principles of personal hygiene and good manners 3. Mention requirements of personal hygiene and good manners 4. Outline ways of maintaining proper personal hygienic during puberty 	<ol style="list-style-type: none"> (i)Students in groups to discuss the meaning of personal hygiene and good manners. (ii)The teacher to make clarifications and conclusion basing on students responses. (i)The teacher to lead a class discussion on the principles of personal hygiene. (ii)Students to outline principles of personal hygienic and good manners (i)Students to brainstorm on the ways of taking care of the body and clothes. (ii)Students demonstrate on ways of taking care of the body and clothes. (i)Students in groups to discuss proper ways of maintaining personal hygiene during puberty. (ii)The teacher to make clarification and conclusion on health and life styles by focusing on drugs, diet, sexual behavior, soaps and cosmetics. 	<ul style="list-style-type: none"> • Pictures showing people with characteristics of good manners. • Chart on principles of personal hygiene and good manners. • Pictures/charts showing varieties of towel, soap, comb, brush, tooth brush, basin. • Pictures/charts showing the characteristics of good manners. • Posters Film and pictures showing effects of drugs on users. • Samples of good types of cosmetics and soaps. 	<p>Is the student able to explain the concepts of personal hygiene and good manners</p> <p>How accurately can the student outline principles of personal hygiene?</p> <p>Can the student mention requirements of personal hygiene and good manners?</p> <p>Is the student able to outline ways of maintaining proper personal hygiene during puberty?</p>	6

	5. Explain the importance of personal hygiene and good manners.	(i)The teacher to lead a discussion on the characteristic features of good manners. (ii)Students in groups to discuss the importance of good manners.	<ul style="list-style-type: none"> • Wall pictures and charts depicting people with characteristics of good manners. • Films • Educational slides 	How accurately can the student explain the importance of personal hygiene and good manners?	
3.3 Infections and Diseases	The student should be able to: 1. Explain the meaning of the terms infection and disease 2. Mention common infections and diseases	(i)Students in groups to discuss the meaning of infection disease. (ii)The teacher to lead plenary discussion on the meaning of infection and disease and their differences. (i)Students to brainstorm on the common infections and diseases (communicable/Non communicable, epidemic, endemic and pandemic diseases). (ii)Teacher to tabulate the students' responses summarize them and make conclusions by giving examples such as: <ul style="list-style-type: none"> • Epidemic diseases e.g. cholera, meningitis, tuberculosis and plague. • Endemic diseases e.g. bilharzias, malaria, gonorrhea and syphilis. • Pandemic diseases e.g. HIV/AIDS 	<ul style="list-style-type: none"> • Texts on case studies on infections and diseases. • Charts/Pictures of people suffering from common infections diseases. • Charts and pictures on common infections diseases 	Is the student able to give the proper meaning of "Infection" and "Disease"? Is the student able to mention common infections and disease?	6
	3. Explain the causes, symptoms, mode of transmission and effects of common infections and diseases	(i)The teacher to guide students in investigating the common infections and diseases in their community. (ii)Students to visit local health facility to investigate the causes, symptoms and effects of common infections diseases. (iii)Students using guiding questions to analyze their findings and share their work in a plenary session and the teacher to make clarification and conclusion.	<ul style="list-style-type: none"> • Charts on common infections and diseases. • Pictures showing people with common infections/diseases. • Video/radio tapes on causes, symptoms, modes of transmission, and effects of common infections and diseases. 	Is the student able to investigate causes, symptoms, modes of transmission and effects of common infections and disease?	

	4. Suggest appropriate preventive and control measures for common infections and diseases.	<p>(i) Students using guidelines to carry out a survey on the common diseases in the community and write reports.</p> <p>(ii) The teacher to guide students to present their reports in the plenary and guide them to summarize and make conclusions on appropriate measures to be taken to control the spread of common epidemic, pandemic and endemic diseases.</p>	<ul style="list-style-type: none"> • Charts • Journal articles on common epidemic, pandemic and endemic diseases. 	Is the student able to suggest appropriate preventive and control measures for common infections and diseases?	
3.4 HIV and AIDS, STIs and STDs	<p>The student should be able to:</p> <p>1. Explain the meaning of HIV/AIDS, STIs and STDs</p> <p>2. Explain causes, symptoms, mode of transmission and effects of HIV/AIDS, STIs and STDs.</p> <p>3. Outline the preventive and control measures of HIV/AIDS, STIs and STDs.</p>	<p>(i) The teacher to guide students in groups to discuss the meaning of HIV/AIDS, STIs and STDs</p> <p>(ii) The teacher to guide students to present group tasks for plenary discussion and guide them in making necessary correction.</p> <p>(i) Students to brainstorm on causes, symptoms, way of transmission and effects of HIV/AIDS, STIs and STDs.</p> <p>(ii) Teacher to invite a guest speaker to talk on causes, symptoms, mode of transmission, effects, preventive and control measures of STIs and HIV/AIDS.</p> <p>(iii) Teacher to guide students to summarize the major points from the guest speaker's speech/presentation.</p> <p>(i) By using questions and answers the teacher to guide students to outline the preventive and control measures of HIV/AIDS, STIs and STDs.</p> <p>(ii) Students to summarize major points and teacher to guide them to make clarification and conclusion.</p>	<ul style="list-style-type: none"> • Pamphlets • Brochure • Charts/texts on HIV/AIDS/ STIs • Pictures • Charts • Brochure and fliers • Charts • Magazines • Journal/articles on STIs and HIV/AIDS. • Radio/Video tapes • Films 	<p>Is the student able to give the proper meaning of HIV/AIDS, STIs and STDs</p> <p>Can the student correctly explain the causes, symptoms, mode of transmission and effects of HIV/AIDS, STIs and STDs?</p> <p>Can the student correctly outline preventive and control measures of STIs and HIV/AIDS?</p>	6

3.5 Management of STIs and HIV/AIDS	The student should be able to:	(i)The teacher guide students to discuss in groups ways of avoiding risky situations, behaviors and practices. (ii)Students to present group deliberations in plenary and the teacher to guide them in making necessary corrections.	<ul style="list-style-type: none"> • Magazines • Brochure/fliers on ways of avoiding risk behaviors and practice. 	Is the student able to explain ways of avoiding risky situations, risky behaviors and practices?	6
	2. Demonstrate necessary skills for avoiding risky behaviors, practices and situations.	(i)Students using guidelines to role-play on how to use various life skills to avoid risky situation, behaviors and practices. (ii)The teacher to guide students to discuss the major effects and consequences shown in the role-play and make conclusion.	<ul style="list-style-type: none"> • Pamphlets • Charts/pictures showing risky behaviors, practices and situations 	How accurate can the student demonstrate necessary skills for avoiding risky behaviors, practices and situations?	
	3. Outline the importance of curative health care for STIs and opportunistic diseases.	(i)The teacher to lead students to brainstorm on the importance of curative health care for STI and opportunistic diseases e.g. early health care seeking habit, the importance of early medical testing and treatment. (ii)The teacher to invite a health officer to talk on necessary curative health cares and services for STIs and opportunistic diseases. (iii)The teacher to guide students to summarize the major ideas from the above presentation.	<ul style="list-style-type: none"> • Pamphlets • Brochure • Radio/Video tapes • Pictures showing health care for STIs and opportunistic diseases. 	Is the student able to explain the importance of curative health care for STIs such as early health care seeking habit?	

3.6 Care and Support of People Living with HIV/AIDS (PLWHA)	The student should be able to:	(i)The teacher to lead students through questions and answers to explain the importance of providing care and support to PLWHA in the family, community and school.	<ul style="list-style-type: none"> • Publication on home bases care for PLWHA. • Any other relevant material. • Pictures showing how care of PLWHA. 	Is the student able to explain the importance of providing care and support to people living with HIV/AIDS (PLWHA) in te family community and school?	6
	1. Explain the importance of providing care and support to PLWHA in the family, community and at school.	(ii)The teacher to guide students to summarize the major ideas and points on the importance of providing care and support to PLWHA			
	2. Outline necessary care and support services to be provided to PLWHA in the family, community and at school.	(i)The teacher to guide students to discuss in groups the necessary care and support services to be provided to PLWHA in the family and at school. (ii)Students to present their responses for plenary and the teacher to guide them in making any necessary correction and clarification. <ul style="list-style-type: none"> ○ Manuals on care and support for PLWHA 	<ul style="list-style-type: none"> • Manuals on care and support for PLWHA. • Film/Video tapes on care and support services to PLWHA. 	How accurately can the student outline necessary care and support services to be given to PLWHA?	
3. Explain the effects of discrimination and stigma to people living with HIV/AIDS to the Individual, family and society.		(i)The teacher to provide case studies on the various incidents of stigma and discrimination and their effects to an individual, family and the society.	<ul style="list-style-type: none"> • Pamphlets/Brochure on stigmatization and discrimination of PLWHA. 	Can the student explain the effects of discrimination and stigma and their effects to PLWHA?	
		(ii)Students in groups to discuss the case studies, make correct interpretations and present their responses for plenary discussion and the teacher to sum up.	<ul style="list-style-type: none"> • Pictures/photographs on incidences of discrimination and stigma to PLWHA 		

FORM II	2. NUTRITION	2.2 Nutrition in Mammals	3. Explain nutritional requirement for different groups of people	(i)Students in groups to discuss nutritional requirements of different groups of people (expectant and lactating mother, children, the elderly, the sick, sedentary workers and people living with HIV/AIDS).	<ul style="list-style-type: none"> • A variety of food substances. • Charts/Pictures/photographs of different groups of people and their nutritional requirements. 	Is the student able to explain the nutritional requirements for different groups of people?	3
		2.2.1 Human Nutrition		(ii)Students to present group tasks for plenary discussion; the teacher to assist them in making necessary corrections and clarification.			
4. TRANSPORT OF MATERIALS IN LIVING THINGS	4.3.2 The blood		The student should be able to:	(i)Students to brainstorm on major components of blood.	<ul style="list-style-type: none"> • Pictures/photograph/charts on components of blood. 	Is the student able to list down the major components of blood?	4
			1. List the major components of blood.	(ii)The teacher to display pictures/photographs/charts showing the components of blood and explain constitutes of the blood.	<ul style="list-style-type: none"> • Charts/models/pictures of the major components of the blood. • Slides showing components of the blood. 		
				(iii)The teacher to allow students questions and provides answers and clarification.			
			2. Explain the functions of major blood components.	(i)Students in groups to discuss the structure and functions of the major components.	<ul style="list-style-type: none"> • Charts/models/photographs of components of blood. 	Is the student able to explain the major components of blood?	
				(ii)The teacher to lead students group presentations and discuss in plenary.	<ul style="list-style-type: none"> • Slides showing components of the blood. 		
			3. Explain the effects of HIV on white blood cells.	(i)The teacher to invite a health specialist to deliver a presentation on effects of HIV on white blood cells.	<ul style="list-style-type: none"> • Charts/photographs/video depicting effects of HIV on white blood cells. 	To what extent is the student able to explain the effects of HIV on white blood cells (leucocytes)?	
				(ii)The teacher to guide students to summarize the major points from the guest speaker's speech and make conclusion.	<ul style="list-style-type: none"> • Photographs/charts showing emaciated people with full blown HIV/AIDS. 	Can the student explain the end result of the white blood cells being attacked by HIV?	

FORM III	5. GASEOUS EXCHANGE AND RESPIRATION	5.4.5 Disorder of the Respiratory System	3. Relate disorders of the respiratory system and HIV/AIDS	<p>(i)The teacher to guide students through questions and answers to pint out the relationship between the respiratory system disorders and HIV/AIDS.</p> <p>(ii)Students to record and summarize their responses and the teacher to make clarifications on the relationship between the respiratory system disorders and HIV/AIDS.</p>	<ul style="list-style-type: none"> Text/extracts on the relationship between disorders of the respiratory system and HIV/AIDS. 	Can the student relate disorders of the respiratory system and HIV/AIDS?	1
	6.REPRODUCTION	6.4. Reproduction in Mammals	<p>The student should be able to:</p> <p>1. Identify parts of male and female reproductive organs.</p> <p>2. Describe the male and female reproductive systems</p>	<p>(i)Students in groups to identify male and female reproductive organs from the dissected mice/any other small animal.</p> <p>(i)Students in groups to observe the dissected mammal/models/charts/pictures showing male and female reproductive system and identify the structures.</p> <p>(ii)The teacher to lead class discussion and make correction and clarification on the structures of the male and female reproductive system.</p> <p>(iii)Students to draw and label diagrams of male and female reproductive system of a mammal.</p>	<ul style="list-style-type: none"> Mouse/any other small animal. Dissecting kit Tray/dissecting board Chloroform Cotton wool Water Models of dissected mice Pictures, photograph and charts showing structures of male and female reproductive system Dissected mice or any other small animal 	<p>Can the student accurately identify parts of the male and female reproductive organs?</p> <p>Is the student able to describe the male and female reproductive systems?</p>	2
		6.6 Complications of the Reproductive System	<p>The student should be able to:</p> <p>1. Mention types of complications of the reproductive system.</p>	<p>(i)The teacher to guide student to brainstorm on the types of complications of the reproductive systems.</p> <p>(ii)Students to synthesize their responses and the teacher to guide them to summarize the major points on the meaning of abortion, still births, miscarriage and ectopic pregnancy.</p>	<ul style="list-style-type: none"> Charts/pictures/photographs showing complications of the reproductive system. Video tapes Texts on case studies on complications of the reproductive system. 	Is the student able to mention types of complications of the reproductive system?	

		2. Outline causes of complications of the reproductive system.	<p>(i)The teacher to guide student to investigate the caused and effects of complications of the reproductive system.</p> <p>(ii)Students to visit local health facility to investigate causes and effects of complications of the reproductive system.</p> <p>The teacher to lead students to summarize their findings and make conclusion on the complications of the reproductive system.</p>	<ul style="list-style-type: none"> • Video tapes/Charts/pictures/photographs showing complications of the female reproductive system. • Texts on case studies on complications of the female reproductive system. 	To what extent can the student outline complications of the reproductive system?
		3. Suggest ways to minimize the occurrence of complications and disorders of the reproductive system.	<p>(i)The teacher to guide students to discuss in groups ways of minimizing complications and disorders of the reproductive system.</p> <p>(ii)Students to present their work in plenary discussion and the teacher to guide then in making any necessary corrections</p>	<ul style="list-style-type: none"> • Video tapes • Charts, pictures and photographs showing complications of the reproductive system. • Brochures and fliers • Models showing the reproductive system. 	Is the student able to suggest ways of minimizing the occurrence of complications and disorders of the reproductive system?
6.7 Sexuality and Sexual Health and Responsible Sexual Behavior	The student should be able to:	1. Explain the concept of sexuality.	<p>(i)Students to discuss the meaning of sexuality, sexual health and sexual behavior.</p> <p>(ii)The teacher to organize the student's response and use them to lead a discussion on the meaning of sexuality, sexual health and sexual behavior.</p>	<ul style="list-style-type: none"> • Pictures, charts and photographs, video tapes depicting cases of sexuality and sexual behaviour. 	Can the student explain the concept of sexuality, sexual health and sexual behavior?
		2. mention social cultural factors influencing sexual behavior in different age groups of people	<p>(i)The teacher to assign group tasks to student to discuss factors influencing sexual behavior on different age groups of people.</p> <p>(ii)Students present group tasks for plenary discussion and the teacher to guide them to make any necessary corrections and clarifications.</p>	<ul style="list-style-type: none"> • Pictures, charts, photographs, Brochures, fliers, Radio/Video tapes and texts depicting cases of sexuality and sexual behavior. 	Is the student able to mention factors influencing sexual behavior in different age groups of people?

3. Differentiate responsible from irresponsible sexual behaviour and their impact on oneself family and community.	<p>(i) Students using guidelines to role play on responsible and irresponsible sexual behaviour.</p> <p>(ii) The teacher to guide students to discuss responsible and irresponsible sexual behaviour and their impact on oneself, family and community as shown in the role play and make conclusions.</p> <p>(iii) Students to tabulate the differences between responsible and irresponsible sexual behaviour.</p>	<ul style="list-style-type: none"> • Radio/Video tapes • Texts depicting cases of sexuality and sexual behaviour. • Tapes, pictures and photographs showing people with different sexuality and sexual behaviour (responsible and irresponsible behaviour). 	<p>Is the student able to differentiate responsible from irresistible sexual behaviours?</p> <p>Can the student explain the impact of irresponsible sexual behaviour on oneself, family and community?</p>
4. Suggest ways of eradicating irresponsible sexual behaviours/practices in the family and community	<p>(i) The teacher to guide students using questions and answers to outline ways of eradicating irresponsible sexual behaviour in the family and community.</p> <p>(ii) The teacher to guide students to summarize the major ideas and points on the ways of eradicating irresponsible sexual behaviour and practices.</p>	<ul style="list-style-type: none"> • Video tapes, Cassettes pictures and charts showing people with different sexual behaviour. • Texts depicting cases of different sexual behaviour. • Texts depicting cases of sexuality and sexual behaviour. • Pictorial charts. 	How well can the student suggest ways of eradicating irresponsible sexual behaviours/practices in the family and community?
5. Mention appropriate life skills required to cope with adolescent sexuality and sexual behaviours	<p>(i) Students in groups using guidelines to role play on appropriate use of life skills to cope with adolescent sexuality and sexual behaviour.</p> <p>(ii) Students in their groups to outline key messages in the role-play and mention the appropriate life skills required to cope with adolescent sexuality and sexual behaviour.</p> <p>(iii) The teacher to lead plenary discussion and make clarifications on appropriate life skills required to cope with adolescent sexuality and sexual behaviour such as self esteem, problem solving and decision making skills.</p>	<ul style="list-style-type: none"> • Video tapes, pictures, photographs and charts showing different life skills required to cope with adolescent sexuality and sexual behaviour. 	Is the student able to mention accurately appropriate life skills required to cope with adolescent sexuality and sexual behaviour?

6.8 Family planning and Contraception	The student should be able to:	(i)Students to discuss on the concepts of family planning and contraception.	<ul style="list-style-type: none"> • Various family planning devices (condoms, Intra uterine contraceptive device UID cap or diagram, contraceptive pills, spermicidal and the calendar. • Charts, pictures, photographs of family planning devices. 	Can the student explain accurately concepts of family planning and contraception?
	1. Explain the concepts of family planning and contraception.	(ii)The teacher to invite a guest speaker (health specialist) to talk on family planning and contraception and their advantages and disadvantages. (iii)Students in groups to observe and examine various family planning devices displayed. (iv)The teacher to guide students to summarize major ideas in the guest speaker presentation and make conclusion on the meaning and importance of family planning and contraception.		
	2. State social cultural practices which enhance family planning.	(i) Students in groups to discuss on social cultural practices enhancing family planning. (ii) The teacher to organize the students' responses and use them to lead a class discussion.		
	3. Outline the importance of male involvement in family planning.	(i)Students using guidelines to role play on the importance of male involvement in family planning. (ii)The teacher to lead class discussion on the importance of male involvement in family planning.	<ul style="list-style-type: none"> • Charts/texts on importance of male involvement in family planning. • Radio cassettes • Video tapes • Samples of contraceptives 	Is the student able to outline the importance of male involvement in family planning?

FORM IV	5. HIV, AIDS and STIs	6.9 Maternal and Child Care	The student should be able to:	(i) Students to discuss the ways of providing appropriate maternal and child care for people living with HIV/AIDS (ii) Teacher organize the students' responses and use them to lead a discussion on the ways of providing appropriate maternal and child care for people living with HIV/AIDS (PLWHA). (iii) The teacher to invite a guest speaker to talk on ways of providing appropriate maternal and child care for people living with HIV/AIDS.	<ul style="list-style-type: none"> Charts, pictures and photographs of women and children living with HIV/AIDS. Samples of proper diet for mother and child living with HIV/AIDS. Video tapes showing ways of providing appropriate maternal and child care for people living with HIV/AIDS. 	Is the student able to suggest appropriate ways of providing maternal and child care for people living with HIV/AIDS (PLWHA)?	6
		5.1 Relationship between HIV, AIDS and STIs	The student should be able to: 1. Distinguish between HIV, AIDS and STIs 2. explain the relationship between HIV and STIs 3. investigate the impact of HIV/AIDS and STI in the community	(i) The teacher to guide student to brainstorm on differences between HIV, AIDS and STIs. (ii) Students to record the correct responses and tabulate the differences between HIV, AIDS and STIs (i) The teachers to lead a class discussion on relationship between HIV and STIs focusing on similarities, differences, mode of transmission and effects. (ii) Students to record and summarize major ideas on the relationship between HIV and STIs. (i) The teacher prepares guidelines for students to investigate the impact HIV/AIDS and STIs in the community. (ii) Student to carry out an investigation on the impact of HIV/AIDS and STI in the community. (iii) Students to analyze their finding and present study reports in a plenary session and clarify where necessary.	<ul style="list-style-type: none"> Reports from UNAIDS, NACP and TACAIDS Charts on AIDS in Africa. Report on HIV/AIDS and STIs Charts on AIDS in Africa/ World/Tanzania Real objects Samples of study reports on impacts of HIV/AIDS/STIs 	Is the student able to distinguish between HIV/AIDS and STIs? Is the student able to explain the relationship between HIV and STIs? Can the student investigate the impact of HIV/AIDS and STIs in the community?	

5.2 Management and Control of HIV/AIDS and STIs	The student should be able to:	(i)The teacher to lead students to discuss ways of management and control of HIV, AIDS and STIs.	<ul style="list-style-type: none"> • Manual on management HIV/AIDS and STIs. • Reports on HIV/AIDS and STIs. • Extracts/texts on HIV/AIDS and STIs. 	Is the student able to outline ways of managing and controlling HIV/AIDS and STIs?
	1. Outline ways of managing and controlling HIV, AIDS and STIs.	(ii)Students to present their task in a plenary discussion and the teacher to make necessary clarifications.		
	2. Mention the life skills needed for home based care for PLWHA	(i)The teacher to prepare extracts from or magazines on the management of HIV/AIDS/STIs. (ii)Students in groups to discuss life skills needed for management and control of HIV/AIDS and STIs.	<ul style="list-style-type: none"> • Life skill manual • Extracts/texts on Life skill for Management of HIV/AIDS and STIs. • FLE Biology Teachers Guide Form III & IV 	Can the student mention the appropriate life skills needed for home based care for PLWHA.
	3. Mention precautions to be taken when handling people living with HIV/AIDS (PLWHA) and STIs.	(i)Students in groups to discuss on the necessary precaution when handling HIV infected people and those with STIs/STDs. (ii)Student to share their group work in a plenary session. (iii)The teacher to guide students to prioritize the mentioned precautions for handling people with STIs and those living with HIV/AIDS.	<ul style="list-style-type: none"> • Brochures and fliers on methods of handling people living with HIV/AIDS. • Charts on HIV/AIDS/STIs in Africa/World/Tanzania. • FLE Biology Teacher Guide for form III & IV. 	Can the student mention the appropriate life skill needed for management and control of HIV/AIDS and STIs?
5.3 Counselling and Voluntary Testing (CVT)	The student should be able to:	(i)Students in group to discuss the meaning and importance of counselling voluntary and testing.	<ul style="list-style-type: none"> • CVT manual • Reports on HIV/AIDS/STIs 	Is the student able to explain the concept counselling and voluntary testing (CVT)?
	1. Explain the concept of counselling and voluntary testing.	(ii)Students to present their group tasks in a plenary discussion and the teacher to give clarification where necessary.		

2. Outline the significance of CVT in the control and prevention of HIV/AIDS and STIs.	<p>(i) The teacher to lead students through questions and answers to outline the significance of CVT in the control of HIV/AIDS/STIs.</p> <p>(ii) Students in groups to discuss the significance of CVT in the control and prevention of HIV and STIs.</p> <p>(iii) Students to present their tasks in a plenary session and the teacher to give clarification.</p>	<ul style="list-style-type: none"> • Manuals on CVT • Reports on CVT 	Can the student outline the significance of CVT in control and prevention of HIV and STIs?
3. Explain the procedures and techniques of CVT for HIV/AIDS.	<p>(i) The teacher to provide guideline on the procedures and techniques of counselling voluntary.</p> <p>(ii) Students in groups to discuss the procedures and techniques for CVT and record the main ideas.</p> <p>(iii) Students to share their findings and observations in plenary discussion.</p>	<ul style="list-style-type: none"> • Manuals on counselling voluntary and Testing for HIV/AIDS/STIs • Extracts/texts on procedures and techniques of CVT. 	Is the student able to explain the procedures and techniques for counselling voluntary and testing?

Appendix II: Interview Guide

To Whom it may concern:

Challenges on Implementing HIV and AIDS Education in Secondary Schools: A case of Mkuranga District in Tanzania

Research Rapport:

The study aims to explore challenges on implementing HIV and AIDS education in Secondary schools curriculum.

The data/ information to be collected will be treated as confidential and will be used for the purpose of this research. The study is a requirement for my masters of philosophy and international education.

Thanks in advance for taking your time to attend this interview.

Focus group discussion guide for students

Date:

Name of school:

Level of class:

Sex of participant:

Total number of Participants:

Part 1: HIV and AIDS Delivery Content in Classroom

- 1.0 Do you have lessons about HIV/AIDS in your school? If yes, what exactly is discussed during the lesson on HIV/AIDS?
- 2.0 Do you think it is important to learn lesson on HIV and AIDS in your schools? If yes why?
- 3.0 Who teaches you about HIV/AIDS in your school? Who do you think a proper person to give you correct information on HIV and AIDS?
- 4.0 Which subject do you learn about HIV/AIDS in school?
- 5.0 When are you taught about HIV/AIDS and for how long did the lesson last?
- 6.0 Which language does the teacher use to address the issue of the HIV/AIDS?

Part 11: Personal Belief

- 7.0 Do you discuss HIV/AIDS subject matters with your friends, parents/guardians? If not, why not?
- 8.0 What problems do you face when discussing HIV/AIDS issues with your teachers?
- 9.0 How does information about HIV/AIDS change your behaviour or your life? How you

can use information about HIV/AIDS in the future?

10.0 Do you have any comments about how HIV/AIDS is taught in your school?

11.0 How can the teaching of HIV/AIDS can be improved in your school?

12.0 What else can you tell me about HIV/AIDS in your school?

Interview guide for the teachers

Date:

Name of school:

Type of school:

Position of the teacher:

Sex of the teacher:

[Headmasters/Headmistress]

Policy Issues

1.0 How does the MOEC send information (to teachers?) concerning HIV/AIDS education in the school curriculum?

2.0 When teachers are expected to attend HIV/AIDS-related workshops, seminars how do you decide who should attend and why?

Part 11: HIV and AIDS Delivery Contents

3.0 As the head teacher of the school, what is your role in the implementation process of HIV/AIDS education in your school?

4.0 With respect to the resource allocation from the MOEC, do you think that your teacher is properly equipped with ample resource to teach HIV/AIDS Education? If not what are alternative strategies to deal with resource shortage?

Part 11: Personal Belief

5.0 In your opinion, do you believe that all teachers on your staff are able to teach about HIV/AIDS in their classes?

6.0 How do you perceive teachers ability in teaching HIV and AIDS lessons?

[Teachers]

Policy issue

0.0 Are there any HIV/AIDS education policy/guidelines in this school? If not, how is HIV/AIDS addressed/taught?

- 1.0 If yes, what is the nature of this policy?
- 2.0 What kind of training have you received in relation to HIV/AIDS education? Who has provided this training?
- 3.0 What support do you get from the MoEC and the Institutes of the Curriculum development?

Part 11: HIV and AIDS Delivery Content

- 4.0 What are your concerns about (teaching?) HIV/AIDS education?
- 5.0 Which language do you use in teaching HIV/AIDS? What impact does the language have on provision of HIV and AIDS to students?
- 6.0 How long does the lesson take?
- 7.0 What HIV/AIDS` instructional materials do you use in teaching about HIV/AIDS?
- 8.0 What messages do you pass on to students in relation to HIV/AIDS?

Part 11: Personal Belief

- 9.0 What your beliefs about educating young children about sexuality and HIV/AIDS?
- 10.0 Do you think the students you teach are sexually active? How comfortable are you in talking to students about sexuality and HIV/AIDS
- 11.0 Do you think the students you teach are sexually active? How comfortable are you in talking to students about sexuality and HIV/AIDS
- 12.0 What preventive measure as a teacher do you teach them about HIV/AIDS?
- 13.0 Has your religious/cultural /personal belief ever conflicted with your teaching of HIV/AIDS and sex education?
- 14.0 Who provides you with materials you use to teach about HIV/AIDS education?
- 15.0 What problems do you face in addressing HIV/AIDS education?
- 16.0 How do you think HIV/AIDS education can be improved in this school?
- 17.0 Can you tell me any other thing about HIV/AIDS education in your school?

Interview guide for Ministry of Education and Culture Officials/Secondary department /Curriculum developer

Policy Issues

- 1.0 Are there any policies that have been formulated to guide HIV/AIDS education in schools?
- 2.0 What do the policies state? Is it possible to give me a copy of the policies? If no policy exists, how long do you think will take to formulate the policy?
- 3.0 Are there any donors supporting secondary education on HIV/AIDS in Tanzania?

- 4.0 How does the Ministry prepare the teachers and schools to handle HIV/AIDS education?
- 5.0 Are there any guidelines that the Ministry has put in place to address HIV/AIDS education in secondary schools?
- 6.0 How do you get feedback from schools to find out how HIV/AIDS initiatives are being implemented?

Part11: HIV and AIDS Delivery Content

- 7.0 Which subjects are selected to address the issues of HIV/AIDS?
- 8.0 Are there any learning materials that the Ministry provides to schools to use in addressing HIV/AIDS?
- 9.0 What kinds of materials are provided to schools? Who produces the materials?

Part 11: Personal Belief

- 10.0 What challenges are you facing in implementing HIV/AIDS education in schools?
- 11.0 Can you tell me anything else on the Ministry is doing to ensure that HIV/AIDS education in schools is successful?

Interview Guide for Tutors at the Collage

Part 1: Policy Issues

- 1.0 What is your role on the implementation HIV and AIDS education at the teacher collage?
- 2.0 Have you receiving any training on HIV and AIDS education?

Part 11: HIV and AIDS Delivery Content

- 3.0 Which subjects are selected to address the issues of HIV/AIDS?
- 4.0 Will you describe the learning and teaching materials you have received from the ministry of education?
- 5.0 Give your opinion of these teaching and learning materials?
- 6.0 What are the constraints on the implementation of HIV and AIDS education in general?
- 7.0 How can you address these problems in relation to the preparation of features teachers?
- 8.0 Can you tell me any other thing about HIV/AIDS education in your collage?

Interview Guide for Student Teachers

Part 1: HIV and AIDS Delivery Content

- 1.0 Which subjects are selected to address the issues of HIV/AIDS in your collage?
- 2.0 Do you think it is important to learn lesson on HIV and AIDS in your collage? If yes why?
- 3.0 What does the message tutors impart on you on how to handle youth matters at secondary schools?

Part 11: Personal Belief

- 1.0 What challenges are you facing in implementing HIV/AIDS education in general?
- 2.0 Can you tell me anything else on the Ministry is doing to ensure that HIV/AIDS education in schools is successful?
- 3.0 Can you tell me any other thing about HIV/AIDS education in your collage?
- 4.0 Can you tell me how HIV/AIDS education can be improved in your collage?

Interview Guide for Parents

Part 1: Personal View

- 1.0 On your opinion do you think it is important for the youth to learn about HIV and AIDS at schools?
- 2.0 Do you think adolescent are at risk of HIV and AIDS? If yes how?
- 3.0 Who is the most an important person on provide HIV, AIDS and sex education to youths?
- 4.0 What is your role as parent in discussing sex issues with your children at home? If yes how? If no why?
- 5.0 Has your religious/cultural /personal belief ever conflicted with your talking the issues HIV/AIDS and sex education?
- 6.0 What else can you tell me about HIV/AIDS in your village?

Appendix III: Fieldwork Entrance Documents



UNIVERSITY
OF OSLO

Department of Student and Academic Affairs

International Education Office

P.O.Box 1081 Blindern
0317 Oslo

Phone: +47 22 85 84 73
Fax: +47 22 85 44 58

To whom it may concern

Blindern, November 29, 2006.

CERTIFICATE

This is to certify that **Lungo, Tatu Sultan** D.O.B. August 22, 1976, citizen of Tanzania, is registered as a full time student at the University of Oslo for the academic year 2006/2007.

The academic year at the University of Oslo is divided into two semesters: spring semester (January 7 to June 15) and autumn semester (August 13 to December 21).

Ms Lungo started her studies at the University of Oslo the autumn semester 2005. She is a Master student at the Faculty of Education. She is scheduled to finish her Master Degree in the spring semester 2007.

Yours sincerely

Erland Nettum
Erland Nettum
Senior Executive Officer



UNIVERSITY OF OSLO
International Education Office
P.O. Box 1081 Blindern

UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION AND VOCATIONAL TRAINING

Cable: "ELIMU" DAR ES SALAAM
Telex: 41742 Elimu Tz.
Telephone: 2121287, 2110146
Fax: 2127763



POST OFFICE BOX 9121
DAR ES SALAAM

In reply please quote:

Ref. HC-323/374/01B/178

Date: 23rd June 2006

The Director
Tanzania Institute of Education
Dar es Salaam

Re: Assistance for Tatu Sultani Lungo in the Conduction of Field Work

The above-mentioned is a second year student in the Master Programme in Comparative and International Education at the Institute for Educational Research at the University of Oslo, Norway. She is currently doing a study on Challenges in Implementation of HIV/AIDS Education in Secondary Schools Curriculum in Tanzania as part of her course work requirement for the award of a Master of Philosophy Degree.

To be able to complete her studies, she will need to collect data and necessary information from various areas within the Ministry of Education and Vocational Training.

In line with the above information you are being requested to provide **Ms Tatu Lungo** with needed assistance that will enable her to complete her study successfully.

By copy of this letter, Ms Tatu Lungo is required to submit a copy of the report (or part of) to the *Director, Policy and Planning, Ministry of Education and Vocational Training* for documentation and reference.


Santy Kimaro
for Permanent Secretary

Copy:
Tatu S. Lungo ✓

JAMHURI YA MUUNGANO WA TANZANIA

**OFISI YA WAZIRI MKUU
TAWALA ZA MIKOA NA SERIKALI ZA MITAA**

Anwani ya Simu: "Admin",
Simu:
Unapojibu tafadhali taja:



Ofisi ya Mkuu wa Wilaya,
S.L.P. 1,
Mkuranga,
TANZANIA.

Kumb. Na. MD/D.10/21/122

06 Julai, 2006

Mkurugenzi Mtendaji,
Halmashauri ya Wilaya,
S.L.P. 10,
MKURANGA.

**YAH: MWANAFUNZI TATU – SULTANI LUNGO WA CHUO KIKUU CHA
OSLO – NORWAY**

Somo la hapo juu lahusika.

Tatu Sultani Lungo ni mwanafunzi anayosomea "Master of Philosophy Degree" katika chuo kikuu cha Oslo huko Norway.

Kwa sasa hivi amerudi hapa nchini ili kufanya "Field Work". Atajihusisha na kuangalia changamoto zinazokabili mitaala ya elimu ya sekondari kuhusu HIV/AIDS.

Kazi hizo amechagua kuzifanyia katika shule za sekondari Nasibugani, Mwinyi na Chuo cha Ualimu Vikindu.

Kwa barua hii namtambulisha mwanafunzi Tatu S. Lungo ambaye ameruhusiwa kufanya kazi hiyo. Mnaelekezwa kumpa ushirikiano ili aweze kufanikisha masomo yake.

R. J. Mwanri

**KAIMU KATIBU TAWALA (W)
MKURANGA**

Nakala: - Afisa Mtendaji Kata,
Kata ya Vikindu, Mkuranga na Magawa.

Nd. Tatu S. Lungo,
Dar es salaam.

Tatu Sultan Lungo

P.O. Box 70893

Dar es Salaam

9th July 2006

MKUU WA MAKTABA

CHUO KIKUU CHA DAR ES SALAAM

P.O. BOX

DAR ES SALAAM
Ndugu,

Yah: KUOMBA KIBALI CHA KUSOMA KATIKA MAKTABA YA CHUO

Husika na kichwa cha habari cha hepo juu.

Mimi ni mwanafunzi wa shahada ya udhamiri katika chuo cha Oslo, Norway. Ili

Kukamilisha masomo yangu ninatakiwa kusoma vitabu vinavyohusiana na mada ya
likimwi kuanzia mwanzoni mwa mwaka wa Julai mpaka Agosti 2006.

Natanguliza shukrani zangu za dhiti

Wako katika ujenzi wa Taita

Tatu Sultan Lungo
Tatu Sultan Lungo.

① Permit is granted to use the library
until end of August 2006
② After pay 10,000/= (Ten thousand shillings)
28/7/06



Mhe
Prof. Nyerere
26/7/06

28/7/2006 - 15/8/2006

28/7/2006

Fees: 5,000/=